

Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:
Founders Brush Company, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:
NA

3. The limited liability company is organized under the laws of The State of Florida

4. The date of its organization is June 4, 2004

5. The period of duration of the limited liability company is (if perpetual, so state) December 31, 2013

6. The address of the limited liability company's resident agent in Rhode Island is:
27 Forbes St. Providence RI 02908
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is Jennifer Anzelone
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:
27 Forbes St.
Providence, RI 02908

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9. The mailing address for the limited liability company is:
27 Forbes St.
Providence, RI 02908

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JUL 16 2013
By 49-201610
A. A. 10:44 A.M.

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed  by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

Manager

Address

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized. *See attached*

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

\_\_\_\_\_  
(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 7-10-2013

Founders Brush Company, LLC

Print Exact Name of Limited Liability Company Making Application

By *Joanna Anzelone*  
Signature of Authorized Person

# State of Florida Department of State

I certify from the records of this office that FOUNDERS BRUSH COMPANY, LLC, is a limited liability company organized under the laws of the State of Florida, filed on June 4, 2004.

The document number of this company is L04000041997.

I further certify that said company has paid all fees due this office through December 31, 2013, that its most recent annual report was filed on January 24, 2013, and its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Ninth day of July, 2013*



*Ken Detjmer*  
Secretary of State

Authentication ID: CU4249991777

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

