



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 CORPORATIONS DIV.  
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**Registration of Limited Liability Partnership**  
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
<b>MOFLIKS PHOTOGRAPHY LLP</b>		
2. The address of the principal office is:		
Street Address 430 RIVER AVE. 1 FLOOR		
City/Town PROVIDENCE	State RI	Zip Code 02908
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name JESSE GRABO		
Street Address (NOT a P.O. Box) 430 RIVE AVE. 1 FLOOR		
City/Town PROVIDENCE	State <b>RHODE ISLAND</b>	Zip Code 02908
4. The name and address of all resident partners is:		
NAME	ADDRESS	
JESSE GRABO	430 RIVER AVE. 1 FLOOR, PROVIDENCE RHODE ISLAND 02908	
MOSES JANGA	75 BYFIELD STREET PROVIDENCE RHODE ISLAND 02805	
Check this box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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**STAMP**

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address 430 RIVER AVE. 1 FLOOR		
City/Town PROVIDENCE	State RI	Zip Code 02908

6. A brief statement of the business in which the partnership is engaged in:  
TO PROVIDE PHOTOGRAPHY AND VIDEO SERVICE(S) THAT INCLUDES; WEDDINGS, EVENTS, PORTRAITS, PRODUCTS.

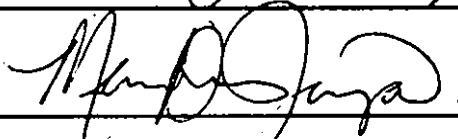
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner JESSE GRABO	Date 07/12/2018
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Signature of Resident Partner  
  
SIGN DOCUMENT HERE

Type or Print Name of Partner MOSES JANGA	Date 07/12/2018
--	--------------------

Signature of Resident Partner  
  
SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner  
SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

July 12, 2018 02:25 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

