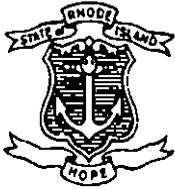


Filing Fee: \$100.00 For Each Partner
Not to Exceed \$2,500.00

ID Number: 1679816



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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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 OCT 26 P 3:53

LIMITED LIABILITY PARTNERSHIP

**APPLICATION FOR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement:

(Check one box only)

New or Renewal

1. The name of the Registered Limited Liability Partnership is:

Waterloo Way, LLP

(The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.)

2. The address of its principal office is:

3900 NW 2nd Ave, Miami, FL 33127

3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain:

Rhonda Hiltz- 558 Roosevelt Ave, Central falls, RI 02863

4. The names and addresses of all resident partners:

<u>Name</u>	<u>Residence Address</u>
<u>Homer Way, Inc</u>	<u>558 Roosevelt Ave, CF 02863</u>
<u>Colonades, Way</u>	<u>558 Roosevelt Ave, CF 02863</u>

(If more space is required, please list on separate attachment)

FILED^m
OCT 27 2020
BY Ch JHYFE
3:53

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:

3900 NW 2nd Ave, Miami, FL 33127

6. A brief statement of the business in which the partnership is engaged:

To own Operate,manage and sell Real Estate and to transact any and all lawful business for which LLP may engage due to

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 Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 10-14-20

Walter Law, LLC

Print Exact Name of Partnership Making Application

By: _____

By: _____

By: _____

By: _____



State of Rhode Island
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,
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:

October 27, 2020 03:53 PM

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

Nellie M. Gorbea
Secretary of State

