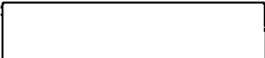




State of Rhode Island
Department of State - Business Services Division



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 BUS SVCS DIV

STAMP

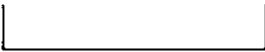
2021 JAN 20 PM 1:58

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:		
Motorized Car Covers of North America LLP		
2. The address of the principal office is:		
Street Address 99 Elm Street Suite #2		
City/Town	State	Zip Code
Woonsocket	Rhode Island	02890
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		
Street Address (NOT a P.O. Box)		
City/Town	State	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Paul Landry	36 Manville Road Cumberland Rhode Island 02864	
Joseph Vela Sr.	75 Pound Road Cumberland Rhode Island 02864	
Richard M. Kosten	333 The Esplnade "N" 101 Venice Florida 34285	
Robert Kevin Brown Sr. ✓	99 Elm Street Suite 2 Woonsocket Rhode Island 02895	
Check this box to indicate an attachment <input type="checkbox"/>		

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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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 MAR 12 2021
 BY *CK 8MANP*
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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 99 Elm Street Suite 2		
City/Town Woonsocket	State Rhode Island	Zip Code 02895

6. A brief statement of the business in which the partnership is engaged in:
THE SELLING OF MOTORIZED CAR COVERS THROUGHOUT NORTH AMERICA

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 ROBERT KEVIN BROWN SR.	Date JANUARY 8, 2021
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Signature of Resident Partner

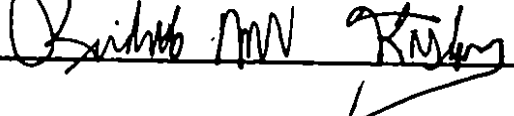

Type or Print Name of Partner PAUL LANDRY	Date Mch 8, 2021
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Signature of Resident Partner


Type or Print Name of Partner Joseph VELA SR.	Date 03/08/2021
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Signature of Resident Partner


Type or Print Name of Partner Richard M KOSTEN	Date 03/8/2021
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Signature of Resident Partner




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:

March 12, 2021 01:58 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

