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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

LIMITED LIABILITY PARTNERSHIP

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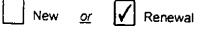
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APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP

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 sland and for that purpose submits the following statement:

| (Check one | box | only) |
|------------|-----|-------|
|------------|-----|-------|



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

The names and addresses of all resident partners:

| N | a | ŋ | e |
|---|---|---|---|
| | | | |

Residence Address 558 Roosevelt Ave, CF 02863

NEC. 0 6 2021

Homer Way, Inc Colonades, Way

558 Roosevelt Ave, CF 02863

(If more space is required, please list on separate attack

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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:

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 t

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: 10/15/21

Print Exact Name of Partnership Making Application

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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:

December 06, 2021 03:00 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

