00006946 Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company UNCAS International, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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COVER LETTER

101	Registration Section Division of Corporations	•	
SUBJE	CT: UNCAS International, LLC		
	Num	of Limited Liability Company	
			n to Transact Bushuss in Florids," Certificate o liability company to transact business in Florids
Plouse n	eturn all correspondence concerning this mai	iter to the following:	
	Encida Bormett, Paralegal	·	
		Name of Person	
	Hinckley, Allen & Snyder LLP		
		Plm/Company	
	50 Kennedy Plaza, Suite 1500		
		Address	
	Providence, RI 02903		
		City/State and Zip Code	
•	ebenneti@hinokleyallen.com		
	B-mall addrass:	(to be used for future annual repor	n notification)
For furth	er information concerning this matter, pleas	e call:	
	Enolda Bennett, Paralogal	at (401	457-5188
	Name of Contact Person	Area Code	Decilme Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Excoutive Center Circle Tallahassee, FL 32301	5
	ed is a check for the following amour	nt:	?co & □ \$160.00 Filing Fee, Certificate
	Cartificate of		of Status & Cartified Capy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

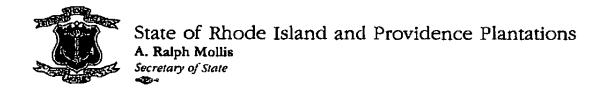
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT IN ISSUESS IN THE STATE OF FLORIDA:

LOWER THAILED INVESTIGATION OF THE STATE OF LITCHING.	
(Name of Foreign Limited Listility Company; stort include "Limited Liability Company," "LLC," or "LLC,"	-
If name unavailable, onter alternate name adopted for the purpose of transacting business in Ploride. The alternate name must include "Li	 mked
lability Company, "T.L.C." or "LLC.")-	
Rhodo [stand 3, 47-132864]	_
(urishfillen under the law of which through limited liability company is argument)	-
August 14, 2014	_
(Date first transacted business in Florids, if prior to registration.) (Bee sections 603.0904 & 603.0905, P.S. to determine penalty liability)	
150 Mantic Avenue, Providence, RJ 02907	~
(Street Address of Principal Cinice)	-
150 Mantic Avenue, Providence, RI 02907	
	-
(Mailing Address)	_
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Stoven O'Nail, Member/CFO	
	-
50 Niantic Avenue, Providence, RI 02907	-
	-
. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of	gcial
aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	
cceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the of	Similar S
nust be submitted)	: []
	<i>≩</i> ≥
I Guest	₹ .6
Signature of an authorized person	
n ecordance with another 605.0203, F.S., the committee of this described constitutes on affirmation explor the penalties of projety that the facts elected between the facts and the facts are constituted in a fact of the facts are constituted in the	y CO :
Steven O'Nell	
Typed or printed name of signee	·; —

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	o of the Limited Liability Corr	npany is:	
UNCAS Inten			
If unavailable	le, the alternate to be used in t	the state of Florida is:	<u> </u>
2. The name	e and the Florida street addres	s of the registered agent and office are:	
	C T Corporation System	·	
		(Name)	
	1200 South Pine Island Road		
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	PL 33324 ≦	4 SEP 26
		City/State/Zip	5 d.
Vanho keen		d to accept service of process for the above stated limited	
tlability com	numed as registered agent and pany at the place designated in	n this certificate, I hereby accept the appointment as	
registered ag	ent and agree to act in this cap	pacity. I further agree to comply with the provisions of all:	ά
statutes relat	ting to the proper and complete	e performance of my duties, and I am familiar with and 🛒 🦻 gistered agent as provided for in Chapter 605, Florida 🕳 🧮	0
Statutes.	nigariors of my beginen as reg	is the state of th	— ,
	C T Corporation System By:	Ologa Hinkel V.P.	
		gnature)	
	\$ 100.0	0 Filing Fee for Application	
	\$ 25.0	0 Designation of Registered Agent	
	\$ 30.00 \$ 5.00	• • • •	



Certification Number: 14090051770

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

UNCAS International, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

January 27, 2014

Effective

January 27, 2014

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Wednesday, September 7

2014

Secretary of State

Authorized Agent

