

State of New Hampshire

Filing fee: \$50.00
Fee for Form SRA: \$50.00
Total fees \$100.00
Use black print or type.

Form LLC-1
RSA 304-C:31

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited Liability Company Laws submits the following certificate of formation:

FIRST: The name of the limited liability company is R.S.P. Tire Removal L.L.C.

SECOND: The nature of the primary business or purposes are Removal of tires from businesses and disposal.

THIRD: The name of the limited liability company's registered agent is Sarah E. Leclair

and the street address, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) P.O. Box 0147, 14 Pleasant St Farmington NH 03835-0147

FOURTH: The latest date on which the limited liability company is to dissolve is none

FIFTH: The management of the limited liability company is vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

*Signature: Sarah E. Leclair

Print or type name: Sarah E. Leclair

Title: manager

(Enter "manager" or "member")

Date signed: 5-7-2014

To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here:

myella09@gmail.com

*Must be signed by a **manager**; if no manager, must be signed by a **member**.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mail fees, **DATED AND SIGNED ORIGINAL AND FORM SRA** to: C
North Main Street, Concord NH 03301-4989. Physical location: 251

State of New Hampshire
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T1412744023

**Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws**

Part I – Business Identification and Contact Information

Business Name: R.S.P. Tire Removal LLC

Business Address (include city, state, zip): P.O. Box 0147, 14 Pleasant St Farmington NH

Telephone Number: 603-312-9261 E-mail: myella09@gmail.com 03835-0147

Contact Person: Sarah E. Leclair

Contact Person Address (if different): _____

Part II – Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B), and C):

- 1. Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
 - A) This business has 10 or fewer owners; and
 - B) Advertising relating to the sale of ownership interests has not been circulated; and
 - C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
- 2. _____ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____.
- 3. _____ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____.
- 4. _____ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

- 1. _____ This business is not being formed in New Hampshire.
- 2. This business is being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): <u>Sarah E. Leclair</u>	Signature: <u>Sarah E. Leclair</u>
	Date signed: <u>5-7-2014</u>
Name (print): _____	Signature: _____
	Date signed: _____
Name (print): _____	Signature: _____
	Date signed: _____