Filing Fee: \$150.00

ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

sla	and, and for that purpose submits the following statemen	t:			
۱.	The name of the limited liability company is:				
	PUBLIC RISK UNDERWRITERS INSURANCE SERVICE	S OF TEXAS, LLC			
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the law	vs of TEXAS			
4.	The date of its organization is				
5.	The period of duration of the limited liability company is	s (if perpetual, so state) PERPE	TUAL		
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, RI <u>02888</u>		
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)	
	and the name of the resident agent at such address is	Corporation Service Company (Name of A	gent)		
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agent diligence.	foreign limited liability company cannot be found or served follo	for service of wing the exerci	process if a se of reason	t any nable
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdiction	on under the la	we of which	h thré
	100 NE LOOP 410, SUITE 965				
	SAN ANTONIO, TX 78216				
9.	The mailing address for the limited liability company is	S	10		
J.	3101 W. MLK JR., BLVD., SUITE 400		7.43	3. 3.	. <u></u>
	TAMPA, FL 33607		19.	-ω	·
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	orm No. 450 evised: 12/05	By $() $	Llole 69		

10.	Management of the Limited Liability	Company:	
A.	The limited liability company is to be no. 11.)	managed / by its members. (If you have checked this box, go to item	
		<u>or</u>	
В.	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liab company has managers at the time of the filling of these Articles of Organization, state the name address of each manager.)		
	<u>Manager</u>	<u>Address</u>	
11. Thi aut	is application is accompanied by a cer horized officer of the jurisdiction under	rtificate of good standing duly authenticated by the secretary of state or other rwhich the foreign limited liability company was organized.	
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Date:_	December 15 2007	PUBLIC RISK UNDERWRITERS INSURANCE SERVICES OF TEXAS, LLC	
		Print Exact Name of Limited Liability Company Making Application	
		By Daniel Day	
		Signature of authorized person	
		Laurel L. Grammig, Authorized Representative	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Public Risk Underwriters Insurance Services of Texas, LLC (file number 800879936), a Domestic Limited Liability Company (LLC), was filed in this office on October 03, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 24, 2007.



Phil Wilson Secretary of State

Pholeson

TID: 10264

Dial: 7-1-1 for Relay Services Document: 197525200003

Phone: (512) 463-5555 Prepared by: SOS-WEB



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

