

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**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:

- The name of the limited liability company is:  
ACORA Surety & Insurance Services, LLC
- The name, if different, under which it proposes to register and transact business in Rhode Island is:  
na
- The limited liability company is organized under the laws of Minnesota
- The date of its organization is February 5, 2007
- The period of duration of the limited liability company is (if perpetual, so state) Perpetual
- The address of the limited liability company's resident agent in Rhode Island is:  
222 Jefferson Blvd., Suite 200 Warwick, RI 02888  
(Street Address, not P.O. Box) (City/Town) (Zip Code)  
and the name of the resident agent at such address is Registered Agent Solutions, Inc  
(Name of Agent)
- The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
- The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
3246 E Hwy 7, Suite 150  
Montevideo, MN 56265
- The mailing address for the limited liability company is:  
na

10:38

**FILED**

**MAR 26 2009**

By 01084839

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10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed  by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
Goldleaf Financial, Ltd	3246 E Hwy 7, Suite 150, Montevideo, MN 56265
_____	_____
_____	_____
_____	_____
_____	_____

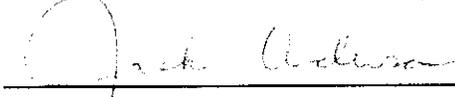
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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: 3/19/09

**ACORA Surety & Insurance Services, LLC**

Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person

State of Minnesota

**SECRETARY OF STATE**

Certificate of Good Standing

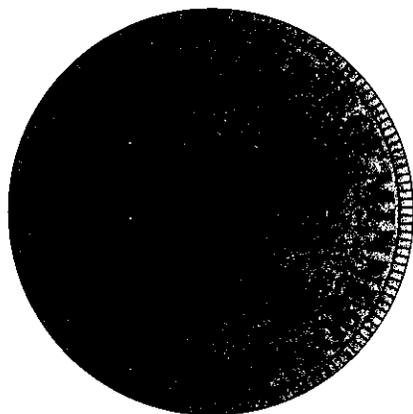
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Acora Surety & Insurance Services, LLC

Date Formed or Registered: February 5, 2007

State of Organization: Minnesota

This certificate has been issued on March 9, 2009.



*Mark Ritchie*  
Secretary of State.



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

