Filing Fee: \$1000.00	ID Number:
Filing Fee: \$1000.00	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 PARTNERSHIP

NOTICE OF FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Section 7-12-59 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign Registered Limited Liability Partnership hereby submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

1.	The name of the foreign Registered Limited Liability Partnership is: Summit Alliance Financial, L.L.P. (The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" or such other similar words or abbreviations as may be required or authorized by the laws of the state where the partnership is registered, as the last words or letters of its name.)		
•			
2.	The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
	Texas		
3.	The address of its principal office is:		
	14785 Preston Road, Suite 1000		
	Dallas TX 75254		
i	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 the partnership shall be required to maintain: CT (procettor System) 155 South Muin St. #301 Providence, RT. 02903		
•	155 South Main St, #301, Providence, RI 02403		
5.	The names and addresses of all resident partners in this state:		
	Name Residence Address		
	(If more space is required, please list on separate attachment)		

2009 OCT 28 PM (2: 03

* RECTIVED :

FILED

By <u>DS 13</u>,03

Revised: 12/05
RI095 - 12/15/2005 C T System Online

Form No. 550

	A brief statement of the business in which the partnership is engaged:		
Insurance general agency.			
7. Any other information that the	e partnership determines to include:		
The partnership is a Register	ed Limited Liability Partnership.		
	Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.		
Date:	Summit Alliance Financial, L.L.P.		
	By: By: By:		
	By:		

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, Registration of a Limited Liability Partnership for Summit Alliance Financial, L.L.P. (file number 801096183), a Domestic Limited Liability Partnership (LLP), was filed in this office on March 10, 2009.

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 October 08, 2009.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 278803020003