RI SOS Filing Number: 200955442300 Date: 12/10/2009 10:16 AM

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

2009 NOV 16 AM 11:08

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:

1. The name of the limited liability company is:
Cornerstone Underwriting Partners, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:
N/A

2009 DEC 10 AM 10:16

3. The limited liability company is organized under the laws of Tennessee

4. The date of its organization is 05/13/2008

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:
155 South main Street Suite 304 Providence, RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)
and the name of the resident agent at such address is CT Corp System
(Name of Agent)

7. 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.

8. 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:
800 Oak Ridge Turnpike #A-1000
Oak Ridge, TN 37830

9. The mailing address for the limited liability company is:
131 Dutchman Blvd.
Irmo, SC 29063

FILED
DEC 10 2009
By DS 10:16
105841

Form No. 450
Revised: 12/05

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.)***

Manager	Address

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: 11-11-[illegible]

Cornerstone Underwriting Partners LLC
Print Exact Name of Limited Liability Company Making Application

By _____
Signature of authorized person

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 09/17/2009
REQUEST NUMBER: 09260542
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/13/2008
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0577009
JURISDICTION: TENNESSEE

TO:
CORNERSTONE UNDERWRITING PARTNERS, LLC
%ANNE HEATH
131 DUTCHMAN BLVD
IRMO, SC 29063-8330

REQUESTED BY:
CORNERSTONE UNDERWRITING PARTNERS, LLC
%ANNE HEATH
131 DUTCHMAN BLVD
IRMO, SC 29063-8330

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CORNERSTONE UNDERWRITING PARTNERS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE ON DATE: 09/17/09

	FEES	
RECEIVED:	$1,000.00	$0.00

FROM:
CORNERSTONE UNDERWRITING PARTNERS, LLC
800 OAK RIDGE TPKE
STE A-9000
OAK RIDGE, TN 37830-0000

TOTAL PAYMENT RECEIVED: $1,000.00

RECEIPT NUMBER: 00004670009
ACCOUNT NUMBER: 00642498

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

SS-4458

Tre Hargett
TRE HARGETT
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:

December 10, 2009 10:16 AM

A. RALPH MOLLIS

Secretary of State

41518-2-452147