Filing Fee: \$150.00

ID Number: 163719



### 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, I956, 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:					
	SJA Insurance Agency, 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 laws of North Carolina					
4.	The date of its organization is January 29, 2003					
5.	The period of duration of the limited liability company is (if pe	erpetual, so state) Perpetua	ıl			
6.	The address of the limited liability company's resident agent	in Rhode Island is:		CT)	C	
	107 Danielson Pike	N. Scituate	, RI	02857		
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)		
	and the name of the resident agent at such address is	InCorp Serv (Name of Ag				
7.	The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot diligence.	n limited liability company for ot be found or served follow	or service of ing the exerc	process if a cise of reaso	at any onable	
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:					
	13850 Ballantyne Corporate Place, 2nd Fl.					
	Charlotte, NC 28227					
9.	The mailing address for the limited liability company is:					
	13850 Ballantyne Corporate Place, 2nd Fl					
	Charlotte, NC 28227					
			FILE	D		

Form No. 450 Revised: 12/05 MAY 04 2007 By AMF 11-85010

Management of the Limited Liability Co	ompany:		
The limited liability company is to be m	is to be managed by its members. (If you have checked this box, go to item		
<u>or</u>			
	e managed x by one (1) or more managers. (If the limited liability se of the filing of these Articles of Organization, state the name and		
Manager	<u>Address</u>		
ompo Japan Insurance Company	13850 Ballantyne Corporate Place, 2nd Fl., Charlotte, NC 28227		
I. Clark Jackson	13850 Ballantyne Corporate Place, 2nd Fl., Charlotte, NC 28227		
llen Caldwell	13850 Ballantyne Corporate Place, 2nd Fl., Charlotte, NC 28227		
aul Brocklebank	13850 Ballantyne Corporate Place, 2nd Fl., Charlotte, NC 28227		
teve Lindsley	13850 Ballantyne Corporate Place, 2nd Fl., Charlotte, NC 28227		
	ficate of good standing duly authenticated by the secretary of state or other		
uthorized officer of the jurisdiction under v	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.		
3 23 07	SJA Insurance Agency, LLC  Print Exact Name of Limited Liability Company Making Application  By  Signature of authorized person  Steve Lindsley, Manager		
	The limited liability company is to be mo. 11.)  The limited liability company is to be company has managers at the time address of each manager.)  Manager  ompo Japan Insurance Company  I. Clark Jackson  Ellen Caldwell  aul Brocklebank  teve Lindsley		



# NORTH CAROLINA Department of The Secretary of State

## **CERTIFICATE OF EXISTENCE**(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### SJA INSURANCE AGENCY, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of January, 2003, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of April, 2007.

Secretary of State

6 laine I Marshall

Certification# 86620952-1 Reference# 8598085- Page: 1 of I Verify this certificate online at www.secretary.state.nc.us/verification