Filing and License Fee: \$310.00 minimum



Form No. 150 Revised: 06/11

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

the following statement: The name of the corporation is $\underline{\mbox{\ \ }}$ Interstate National Dealer Services, Inc. It is incorporated under the laws of Delaware 2. 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: N/A (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: The date of its incorporation is 9/23/1991 __ and the period of its duration is Perpetual The address of its principal office is 6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339 The address of its proposed registered office in Rhode Island is 450 Veterans Memorial Parkway Suite 7A (Street Address, not P.O. Box) **East Providence** RI 02914 and the name of its proposed registered agent in Rhode Island at (Zip Code) that address is National Registered Agents, Inc (Name of Agent) 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Provider of service contracts. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated). <u>Name</u> **Address** Mark Mishler 6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339 Director Cesar Soriano 6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339 Director **Geoffrey Tirone** 6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339 Director Director

			<u>Name</u>		<u>Address</u>	
President Vice President		Mark Mishler Breanne Morely		6120 Powe	6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339 6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339 6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339	
				6120 Powe		
	Treasurer 6		Geoffrey Tirone			
	Secretary	Mark Mishler		6120 Pow	6120 Powers Ferry Rd NW, Suite 200 Atlanta, GA 30339	
9.	The aggregate nur and series, if any, v Number of Sha	within a class,		ssue; itemized by class <u>Series</u> N/A	es, par value of shares, shares without par value Par Value or Statement that Shares are without Par Value	
			Common Stock	N/A	.01 par value per share	
10.	following year		= An estimate	of the value of all p	roperty to be owned by the corporation for the	
	(b) \$ 0 Island during to	he following ye		of the value of the co	prporation's property to be located within Rhode	
	(c) 0 the corporation be owned during	n to be located	l within this state during th	ne following year bears	ortion that the estimated value of the property of to the value of all property of the corporation to nultiply by 100 to obtain the percentage.	
11.	(a) \$_80,682,737.00 = An estimate of the gross amount of business to be transacted by the corporation during the following year.					
	(b) \$\frac{100,000}{\text{or from places of business in Rhode Island during the following year.}} = An estimate of the gross amount of business to be transacted by the corporation at					
	(c) 0.1 transacted by thereof which with a percentage	the corporation will be transac	n at or from places of bus	siness in this state duri	portion that the gross amount of business to be ng the following year bears to the gross amount {divide (b) by (a) and multiply by 100 to obtain	
	This application is laws of which it is in		by a certificate of Good S	Standing issued by the	proper officer of the state or country under the	
13.	This Application for	Certificate of	Authority shall be effective	upon filing unless a sp	ecified date is provided which shall be no later	
1	than the 90th day a	fter the date o	f this filing	,		
			<i>,</i>	Application for Certific	y, I declare and affirm that I have examined this ate of Authority, including any accompanying all statements contained herein are true and	
Date	08/29/2014			Blean	2 morles	
-410			-	Signature of	Authorized Officer of the Corporation	
				Breanne Morley Exec	utive Vice President	
			-	Type or P	rint Name of Authorized Officer	

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTERSTATE NATIONAL DEALER

SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

NINETEENTH DAY OF AUGUST, A.D. 2014.

2014 SEP -5 AH 10: 32

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141082338

AUTHENTYCATION: 1630082

DATE: 08-19-14

You may verify this certificate online at corp.delaware.gov/authver.shtml