RI SOS Filing Number: 201694020480 Date: 03/07/2016 10:28 AM

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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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAR -7 AM 10: 28

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:
   COLLECTIBLES INSURANCE SERVICES, LLC
   ☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

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 PA

4. The date of its organization is 5/21/2015

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:
   450 VETERANS MEMORIAL PARKWAY, SUITE 7A (Street Address, not P.O. Box) EAST PROVIDENCE (City/Town), RI 02914 (Zip Code)
   and the name of the resident agent at such address is NATIONAL REGISTERED AGENTS, INC. (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:
   THREE BALA PLAZA EAST, SUITE 300, BALA CYNWYD, PA 19004

9. The mailing address for the limited liability company is:
   P. O. BOX 1146, BALA CYANWYD, PA 19004

FILED
MAR 07 2016
By 269472
A.A. 10:28 A.M.

Form No. 450
Revised: 07/12

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed [ ] by its members. ***(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)***

or

B. The limited liability company is to be managed [X] 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
MICHAEL P LOFTUS	THREE BALA PLAZA EAST, SUITE 300, BALA CYANYD, PA 19004 USA
MATTHEW B SCOTT	THREE BALA PLAZA EAST, SUITE 300, BALA CYNWYD, PA 19004 USA
DAVID C ELLIOTT	THREE BALA PLAZA EAST, SUITE 300, BALA CYNWYD, PA 19004 USA

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.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

_____
(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and all statements contained herein are true and correct.

Date: 2/26/16

COLLECTIBLES INSURANCE SERVICES, LLC
Print Exact Name of Limited Liability Company Making Application

By [signature]
Signature of Authorized Person

STEPHEN W. RIES, DIRECTOR AND SR CORPORATE COUNSEL

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

02/25/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Collectibles Insurance Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Cortés

Secretary of the Commonwealth

Certification Number: TML160204TC0689-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

March 07, 2016 10:28 AM

Nellie M. Gorbea
Secretary of State

133591-2-1105224