Filing Fee: \$150.00



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

LIMITED LIABILITY COMPANY

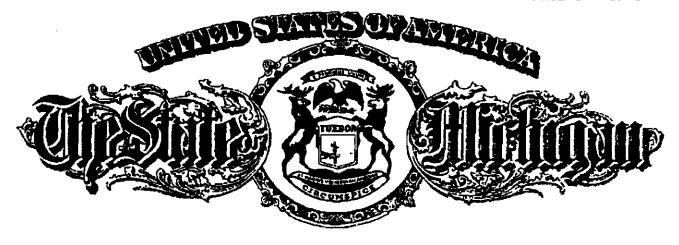
SECRETARY OF STATE CORPORATIONS DIV

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:				
	Acrisure Benefit Center, LLC				
	This company has been duly organized in its state of form	mation as a low-profit limited liability com	pany. (Check box if applicable)		
2.	The name, if different, under which it proposes to re	egister and transact business in	Rhode Island is:		
3.	The limited liability company is organized under the	laws of Michigan			
4.	The date of its organization is March 10, 2016				
5.	The period of duration of the limited liability compan	ny is (if perpetual, so state) perp	petual		
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, RI 02888		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Corporation Service Company (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 maintain limited liability company is organized is:	ned in the state or other jurisdi-	ction under the laws of which the		
	Corporations, Securities & Co	mmercial licensin	a-Corporations Division		
	0-10-1	sina MI 4937	6		
9.	The mailing address for the limited liability company	J			
•	5664 Prairie Creek		11:49 AM		
	Caledonia M1 4931		11 , 577, , ,		
		<u> </u>	FILED		
-	m No. 450 vised 07/12		APR 0 7 2016		
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10.		Management of the Limited Liability Company (check one only):		
A	۱.	The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 11 – DO <u>NOT</u> LIST ANY NAMES IN SECTION B.)		
		<u>or</u>		
В	3.	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.)		
	A	Manager Crisure, uc 5664 Prairie Creek Dr. Caledonia MI 49316		
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		s application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other thorized officer of the jurisdiction under which the foreign limited liability company was organized.		
12. T	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 that all statements contained herein are true and correct.		
Date:	-	1/4/16 ACVISURE BENEFIT CENTER, UC Print Exact Name of Limited Liability Company Making Application		
		By LUM Donal A. M. Collins CAO Signature of Authorized Person		



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ACRISURE BENEFIT CENTER, LLC

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

was validly organized on March 10, 2016 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1378389

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of April, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

