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

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:	•			
	DF Insurance Agency LLC				
	This company has been duly organized in its state of formation	on 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 law	vs of Delaware			
4.	The date of its organization is 4/18/16				
5.	The period of duration of the limited liability company is	(if perpetual, so state)			
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	450 Veterans Memorial Parkway, Suite 7A	East Providence	, RI <u>02914</u>		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is	C T Corporation System (Name of Ag	rent)		
7.	The secretary of state is appointed the agent of the fortime there is no resident agent or if the resident agent of diligence.	oreign limited liability company to cannot be found or served follow	or service of process if at any ing the exercise of reasonable		
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdiction	n under the laws of which the		
	1209 Orange Street, Wilmington, DE 19801	:			
9.	The mailing address for the limited liability company is:				
	1400 Landmark Towers, 345 St. Peter Street, Saint Paul, MN	55102			
	FILED				
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By A 272596

10.		Management of the Limited Liability Company (check one only):			
	Α.	The limited liability company is to be in No. 11 – DO NOT LIST ANY NAMES	managed by its members. (If you have checked this box, go to item		
	<u>or</u>				
	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liab company has managers at the time of the filling of these Articles of Organization, state the name address of each manager.)				
		<u>Manager</u>	<u>Address</u>		
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 that all statements contained herein are true and correct.		
Date	9 : _	april 15, 2016	By Signature of Authorized Person		
			Wanda J. Lamb-Lindow		

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DF INSURANCE AGENCY LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corp delaware gov/auth

Authentication: 202165424

Date: 04-18-16