#### Filing and License Fee: \$310.00 minimum



#### 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

2016 APR 28	RECRETAR CORPORA
PH	TICAS
	ED F STATE NS DIV

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is PoliSeek AIS Insurance Solutions, Inc.

2. It is incorporated under the laws of \_\_\_\_\_\_\_\_\_

- 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:
  - (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:

4. The date of its incorporation is <u>11/09/1990</u> and the period of its duration is <u>perpetual</u>

5. The address of its principal office is 17785 Center Court Drive, Suite 250, Cerritos, CA 90703

6. 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
(City/Town)	(Zip Code)
that address is	C T Corporation System

(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are;

Insurance Agency

8. (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).

	Name	<u>1</u>	Address
Director	Mark Ribisi	,	17785 Center Court Drive, Suite 250, Cerritos, CA 90703
Director	Gabriel Tirador		1700 Greenbriar Lane, Brea, CA 92821
Director	Theodore Stalick	FILED	4484 Wilshire Blvd., 3rd Floor, Los Angeles, CA 90010
Director		APR 28 2016	1:25
Form No. 150 Revised: 06/1	1	By 22 273 14	$\mathbf{a}$

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Name		Address	
President	Mark Ribisi	17785 Center Court Drive, Suite 250, Cerritos, CA 90703	
Vice President	Chris Bremer	17785 Center Court Drive, Suite 250, Cerritos, CA 90703	
Treasurer	Theodore Stalick	4484 Wilshire Blvd., 3rd Floor, Los Angeles, CA 90010	
Secretary	Judy Walters	4484 Wilshire Blvd., 3rd Floor, Los Angeles, CA 90010	

The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, 9. and series, if any, within a class, is:

Number of Shares	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value
1,000	Common	N/A	Zero
			<b></b>

- 10. (a) \$\_\_\_\_\_ = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
  - (b) \$\_0 \_ = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
  - 0 (c) \_% = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (divide (b) by (a) and multiply by 100 to obtain the percentage)
- 11. (a) \$\_9,300,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
  - (b) \$<sup>0</sup> = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
  - (¢) .% = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage)
- 12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
- 13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later

than the 90th day after the date of this filing \_\_\_\_\_

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

Date: 4/27/2016

Signature of Authorized Officer of the Corporation

Chris Bremer Vice President / CFO

Type or Print Name of Authorized Officer

## *File Number* 5617-087-1



# To all to whom these Presents Shall Come, Greeting:

# I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

### Business Services. I certify that

POLISEEK AIS INSURANCE SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of APRIL A.D. 2016

Desse White

SECRETARY OF STATE

Authentication #: 1610902364 verifiable until 04/18/2017 Authenticate at: http://www.cyberdriveillinois.com



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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

