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:

#### Lockton Affinity, 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 Missouri

- 4. The date of its organization is April 1, 2016
- 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:

10 Dorrance Street, Suite 700	Providence	RI	02903
(Street Address, not P.O. Box)	(City/Town)	,	(Zip Code)
and the name of the resident agent at such address is Corporate Creations Network, Inc.			

(Name of Agent)

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- 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:

12747 Olive Boulevard #300, St. Louis, MO 63141

9. The mailing address for the limited liability company is:

7300 College Boulevard, Suite 500, Overland Park, KS 662

Form No. 450 Revised: 07/12

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- 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.)
    - <u>or</u>
  - B. The limited liability company is to be managed *v* 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.)

<u>Manager</u>	Address		
Lockton Management, LLC	444 West 47th Street, Suite 900, Kansas City, MO 64112		

- 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.

29,2014 Date:

Lockton Affinity, LLC

Print Exact Name of Limited Liability Company Making Application

By Signature of Authorized Person

Lockton Management, LLC, sole manager by: William W. Humphrey III, Executive Vice President

STATE OF MISSOUR



# Jason Kander Secretary of State

# CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

### Lockton Affinity, LLC LC001486320

was created under the laws of this State on the 1st day of April, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of May, 2016.

ANDER BON Secretary of State

Certification Number: CERT-05022016-0035



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

