



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE  
CORPORATIONS DIV  
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**Application for Registration**  
**Foreign Limited Liability Company**  
Filing Fee: \$150.00

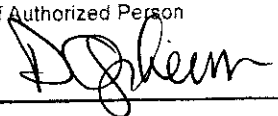
Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                |                           |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
| 1. The name of the limited liability company is:                                                                                                                                                                                                               |                           |                       |
| <b>RSM US Insurance Agency Services LLC</b>                                                                                                                                                                                                                    |                           |                       |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                  |                           |                       |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:                                                                                                                                                          |                           |                       |
|                                                                                                                                                                                                                                                                |                           |                       |
| 2. The LLC is organized under the laws of:                                                                                                                                                                                                                     | <b>Delaware</b>           |                       |
| 3. The date of its organization is:                                                                                                                                                                                                                            | <b>12/28/2015</b>         |                       |
| And the period of its duration is: <b>CHECK ONLY ONE BOX</b>                                                                                                                                                                                                   |                           |                       |
| <input checked="" type="checkbox"/> Perpetual (on-going)                                                                                                                                                                                                       |                           |                       |
| <input type="checkbox"/> Date certain for dissolution _____                                                                                                                                                                                                    |                           |                       |
| 4. The name and address of the resident agent/office in Rhode Island is:                                                                                                                                                                                       |                           |                       |
| Agent Name <b>Corporation Service Company</b>                                                                                                                                                                                                                  |                           |                       |
| Street Address ( <u>NOT</u> a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>                                                                                                                                                                              |                           |                       |
| City/Town <b>Warwick</b>                                                                                                                                                                                                                                       | State <b>RHODE ISLAND</b> | Zip Code <b>02888</b> |
| 5. The Department 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. |                           |                       |
| 6. 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:                                                                                               |                           |                       |
| <b>2711 Centerville Road, Suite 400 Wilmington DE 19808</b>                                                                                                                                                                                                    |                           |                       |

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|                                                                                                                                                                                                                                              |                                         |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------|
| 7. The mailing address for the limited liability company is:                                                                                                                                                                                 |                                         |        |
| C/O RSM US LLP 801 Nicollet Mall, Suite 1100 Minneapolis, MN 55402                                                                                                                                                                           |                                         |        |
| 8. Management of the Limited Liability Company:                                                                                                                                                                                              |                                         |        |
| The limited liability company is managed:                                                                                                                                                                                                    |                                         |        |
| <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)                                                                                                        |                                         |        |
| <input type="checkbox"/> By one (1) or more managers (List managers below)                                                                                                                                                                   |                                         |        |
| MANAGER                                                                                                                                                                                                                                      | ADDRESS                                 |        |
|                                                                                                                                                                                                                                              |                                         |        |
|                                                                                                                                                                                                                                              |                                         |        |
|                                                                                                                                                                                                                                              |                                         |        |
|                                                                                                                                                                                                                                              |                                         |        |
| 9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document. |                                         |        |
| 10. Date when this application for Certificate of Registration will be effective: <b>CHECK ONLY ONE BOX</b>                                                                                                                                  |                                         |        |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                              |                                         |        |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____                                                                                                                               |                                         |        |
| 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.                                |                                         |        |
| Signature of Authorized Person                                                                                                                                                                                                               | Type or Print Name of LLC               | Date   |
|                                                                                                                                                           | RSM US Insurance Agency<br>Services LLC | 6/1/16 |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RSM US INSURANCE AGENCY SERVICES 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 ELEVENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RSM US INSURANCE AGENCY SERVICES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2015.

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

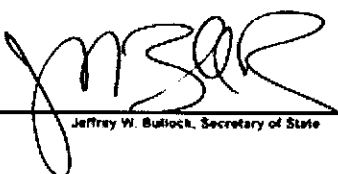
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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202634028

Date: 07-11-16



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:

Nellie M. Gorbea  
*Secretary of State*

