

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

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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



#HII: 42

Application for Registration Foreign Limited Liability Company

Filing Fee: \$150.00

statement: 5				
1. The name of the limited tiability compa	any is:			
U.S. Risk, LLC				
Is this company organized in its state	or country of formation	n as a low-pro	ofit limited liability company? Yes	No
The name, if different, under which it pro	poses to register and	transact busi	ness in Rhode Island is:	
2. The LLC is organized under the laws of		DE		
3. The date of its organization is:		06/17/2016		
And the period of its duration is: CHECK	K ONLY ONE BOX			
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident	t agent/office in Rhod	e Island is:		
Agent Name C T Corporation Syst	tem		· ·	
Street Address (NOT a P.O. Box) 450 V	/eterans Memoria	al Parkway	, Suite 7A	
City/Town East Providence	State RHODE I	SLAND	Zìp Code 02914	
 The Department of State is appointed time there is no resident agent or if the re diligence. 	the agent of the foreignsident agent cannot	gn limited liab be found or se	ility company for service of process erved following the exercise of reaso	if át any mable
6. The address of any office required to b	oe maintained in the s	tate or other j	urisdiction under the laws of which t	he

FILED

SEP 1 2016

STAMP

FOR SECRETARY OF STATE USE ONLY

By u 282635

8401 N Central Expy Ste 1000 Dallas, TX 75225

7. The mailing address for the limited liability company is:						
8401 N Central Expy Ste 1000 Dallas, TX 75225						
8. Management of the Limited Liability Company:						
The limited liability company is managed: By its members (If you have checked this box, go to Sect By one (1) or more managers (List managers below)	ion 9. (DO NOT fill out the chart below.)					
MANAGER ADDRESS						
, , , , , , , , , , , , , , , , , , ,	<u>// / </u>					
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* =//						
9. This application is accompanied by a Certificate of Good Strate or country under the laws of which it is formed that is date.	anding/Letter of Status issued by the pro ed within 60 days of the filing of this doc	per officer of the ument.				
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 30 days to	from the day of filing)					
Under penalty of perjury, I declare and affirm that I have examinaciompanying attachments, and that all statements contained	ned this Application for Registration, inc herein are true and correct	luding any				
Signature of Authorized Person	Type or Print Name of LLC	Date				
Man SIGN DOCUMENT HERE	U.S. Risk, LLC	8-26-16				

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.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "U.S. RISK, LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION, FILED THE SEVENTEENTH DAY OF JUNE, A.D. 2016, AT 5:21 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF JUNE,
A.D. 2016, AT 5:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

6071662 8315

SR# 20164935164

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey VI. Bullock, Secretary of State

Authentication: 202773039

Date: 08-04-16

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

