

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in purpose submits the following statement:				
1. The name of the limited liability company is:				
Belfast insurance Group, LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
The LLC is organized under the laws of: Virginia				
3. The date of its organization is: 08/03/2016		2 505		
And the period of its duration is: CHECK ONLY ONE BOX				
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name Corporation Service Company				
Street Address (NOT a P.O. Box) 222 Jefferson Bouldevard, Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
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:				
260 South 2500 West, Suite 303 / Pleasant Grove, UT 84062				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV **04** 2016

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7. The mailing address for the limited liability company is:			
5276 Fox Hunters Loop / Lehi, UT 84043			
8. Management of the Limited Liability Company:			
The limited liability company is managed:			
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)			
☑ By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
Joseph McCaul	5276 Fox Hunters Loop / Lehi, UT 84043		
		-	
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: CHECK ONLY ONE BOX			
✓ Date received (Upon filing)			
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.			
Type or Print Name of LLC		Date	
Belfast Insurance Group, LLC		10/25/2016	
Signature of Authorized Person Osseph MCC	SIGN DOCUMENT HERE		

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State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That BELFAST INSURANCE GROUP, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 3, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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Signed and Sealed at Richmond on this Date: October 19, 2016

Joel H. Peck, Clerk of the Commission

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