

## 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

## Application for Certificate of Authority Foreign Business Corporation Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:							
Coverdell & Company, Inc.							
2. It is incorporated under the laws of:	Illinois						
3. The name, if different, which it elects to use in Rhod	le 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							
(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:	08/11/2016						
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)  Date certain for dissolution		11 AON 9102	R.I. DEPT				
5. The address of its principal office is:		P	593				
8770 W. Bryn Mawr Ave., Ste 1000, Chicago, IL 60631		± 2: 3	JAIN D O				

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Form No. 150 Revised: 2016

6. The name and addr	ess of the initial red	gistered ag	ent/office	of in Rhode Island	:	
Agent Name	tion Service Compar					
Street Address (NOT a	P.O. Box) 222 Je	fferson Bou	ilevard, Sui	te 200		
City/Town Warwick			State RHODE ISLAND		Zip Code 02888	
7. The purpose or purp	oses which it prop	oses to pu	rsue in the	transaction of bu	siness in Rhode Island are:	
8. (a) The names and i	respective address	teative	- SCR	vicesto on	SURANCE COMPANED  - EMPOYOUS  ctors are required under the laws of the	
state or country of which it is incorporated):  NAME  ADDRESS			DESC.			
		n Mawr Ave., Ste 1000, Chicago, IL 60631				
				180		
	*****			Chec	k the box to indicate an attachment.	
8. (b) The names and r laws of the state or cou				cers (mandatory if	directors are not required under the	
OFFICE	NAME			ADDRESS		
PRESIDENT	Vincent E. DiBenedetto			8770 W. Bryn Mawr Ave., Ste 1000, Chicago, IL 60631		
VICE PRESIDENT		• "				
TREASURER	Brian A. Branchick		-	8770 W. Bryn Mawr Ave., Ste 1000, Chicago, IL 60631		
SECRETARY	Laura D. Skale			8770 W. Bryn Mawr Ave., Ste 1000, Chicago, IL 60631		
				Check	the box to indicate an attachment.	
9. The aggregate numb without par value, and				sue; itemized by c	lasses, par value of shares, shares	
NUMBER OF SHARES 1000	CLASS Common		SEF	RIES	PAR VALUE OR STATE NO PAR VALUE .01000	

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10. (a) Estimate, in dollars, the value of all prope located:	rty to be owned by the corporation for the follow	ring year, wherever				
\$ <i>3,887,000</i>						
(b) Estimate, in dollars, the value of the corporation year:	n's property to be located within Rhode Island o	luring the following				
\$ NONE	***					
(c) Estimate, as a percentage, the proportion that within this state during the following year bears to following year, wherever located. <i>Note: Divide (10)</i>	the value of all property of the corporation to be	owned during the				
%						
11. (a) Estimate, in dollars, the gross amount of but	siness to be transacted by the corporation during	the following year.				
\$ 66,300,000						
(b) Estimate, in dollars, the gross amount of busing in Rhode Island during the following year.	ess to be transacted by the corporation at or fro	m places of business				
\$ 212,000						
(c) Estimate, as a percentage, the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>						
0.32 %						
12. This application must be 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 incorporated that is dated within 60 days of the filing of this document.						
13. Date when the Certificate of Authority will be e	ffective: CHECK ONLY ONE BOX					
Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the day of 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.						
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date				
SIGHTAGUMENTAGE	Laura D. Skale, Secretary	10/26/16				

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.



## 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

COVERDELL & COMPANY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 11, 2016, 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 21ST day of SEPTEMBER A.D. 2016.

Authentication #: 1626502100 verifiable until 09/21/2017
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

Desse White

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

