

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



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 statement:

The name of the limited liability company is:			
Sirius Insurance Agency, LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No[x]			
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:	Delaware		
3. The date of its organization is:	3/10/2017		
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 C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	
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:			
The Corporation Trust Company, Wilmington, DE 19801			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 15 2017 STAMP

BY 304/00 USE ONLY

1:48

7. The mailing address for the limited liability company is:			
140 Broadway, 32nd Floor, New York, NY 10005			
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		
Ralph A. Salamone	140 Broadway, 32nd Floor, New York, NY 10005		
Gene Boxer	140 Broadway, 32nd Floor, New York, NY 10005		
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	
Sirius Insurance Agency LLC		611/17	
Signature of Authorized Person Carrielle			

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SIRIUS INSURANCE AGENCY, 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 THIRTEENTH DAY OF JUNE, A.D. 2017.

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

ARYS OF CO.

Authentication: 202698476

Date: 06-13-17