



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

2017 JUN 30 PM 1:13  
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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:		
Apex Insurance Agency, LLC		
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: Virginia		
3. The date of its organization is: 12/30/2016		
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 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:		
201 Concourse Blvd. Suite 260 Glen Allen, VA 23060		

## **MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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BY CL 307414  
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7. The mailing address for the limited liability company is:

220 S. Ridgewood Ave. Daytona Beach, FL 32114

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
Anthony Strianese	220 S. Ridgewood Ave. Daytona Beach, FL 32114

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

Apex Insurance Agency, LLC

Date

6/20/17

Signature of Authorized Person



SIGN DOCUMENT HERE

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).

FORM 450 - Revised: 08/2016

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That Apex Insurance Agency, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 30, 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.

*Signed and Sealed at Richmond on this Date:  
June 23, 2017*

*Joel H. Peck*  
\_\_\_\_\_  
Joel H. Peck, Clerk of the Commission





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:

June 30, 2017 01:13 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

