



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

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STATE
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CORPORATIONS DIV
2017 DEC 14 AM 11:13

Application for Registration
FOREIGN Limited Liability Company

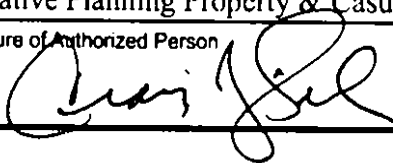
→ Filing Fee: \$150.00

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:		
Creative Planning Property & Casualty 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:		
KS		
3. The date of its organization is:		
2/27/2003		
And the period of its duration is: CHECK ONLY ONE BOX		
<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 Highway, Suite 7A		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	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:		
11350 Tomahawk Creek Pkwy., Ste. 200, Leawood, KS 66211-2727		

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

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7. The mailing address for the limited liability company is:	
11350 Tomahawk Creek Pkwy., Ste. 200, Leawood, KS 66211-2727	
8. Management of the Limited Liability Company:	
The limited liability company is managed:	
<input checked="checked" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)	
<input type="checkbox"/> By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
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	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____	
<i>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.</i>	
Type or Print Name of LLC	Date
Creative Planning Property & Casualty LLC	11/27/2017
Signature of Authorized Person 	
SIGN DOCUMENT HERE	

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3437829

Entity Name: CREATIVE PLANNING PROPERTY & CASUALTY LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: CREATIVE PLANNING PROPERTY & CASUALTY LLC

Registered Office: 11350 Tomahawk Creek Suite 200, LEAWOOD, KS 66211

was filed in this office on February 27, 2003, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 30, 2017

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 999470 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.