

SECRETARY OF STATE CORPORATIONS DIV

Certificate of Registration

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL 7-13-49, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the state of Rhode Island and for that purpose submits the following statement:

that purpose soomits the following statement.		
The name of the limited partnership is:		
Agents Alliance Services Ltd.		
The name, if different, which it proposes to register and train	nsact business in the state of f	Rhode Island is:
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
Texas	03/14/2002	
4. The general character of the business it proposes to trar	sact in Rhode Island is:	
Non-resident Insurance Agency - for Profit		
· .		
5. The name and address of the registered agent/office in F	Rhode Island is:	<u> </u>
Agent Name	· · · · · · · · · · · · · · · · · · ·	
C T Corporation System		
Street Address (NOT a P.O. Box) PKW/ 450 Veterans Memorial Highway, Suite 7A		
450 Veterans Memorial Highway, Suite 7A		
City/Town	State RHODE ISLAND	Zip Code
East Providence	KHODE ISLAND	02914
The Department of State is appointed the agent of the for time there is no registered agent or if the registered agent of diligence.		
7. The address of the office required to be maintained in the	e state or country of its organiz	zation by the laws of that state or,
If not so required, of the principal office of the foreign limite	d partnership is:	
700 Londonderry Ln. Ste 300 Denton, TX 76205-7898		
Demon, 17 /0203-7898		

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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8. The name and business address of ea	ach general partner is	S: _, _,	
GENERAL PARTNER	BUSINESS-ADDRESS		
AGENTS ALLIANCE MANAGER LLC	320 EAGLE DR STE 210 DENTON, TX 76201-7800		
			· · · · · ·
The address of the office at which is lead to contributions, together with an undertaking partnership's registration in this state is a second to the contribution in the state is a second to the contribution in the contri	ng by the foreign limi	ited partnership to keep	of those records until the foreign limited in Su 300
10. The mailing address for the foreign I	imited partnership is:		
Address 700 Londonderry Ln. Ste 300		,	
City/Town Denton		State Texas	Zip Code :76205-7898
11. This application must be accompanion the state or country under the laws of w			
Under penalty of perjury, I declare and a Foreign Limited Partnership, including a and correct.			
Type or Print Name of General Partner James E, Klug-Pre	sident of E	general Party	Date 12-28-17
Signature of General Partner	SIGN DOCK	JIMENT KEPE	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



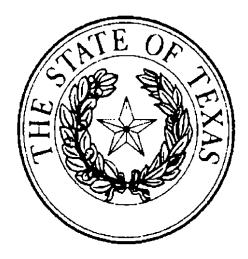
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for AGENTS ALLIANCE SERVICES LTD. (file number 800064764), a Domestic Limited Partnership (LP), was filed in this office on March 14, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 29, 2017.



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Rolando B. Pablos Secretary of State