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

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:

youSurance General Agency, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company?   Yes ☐   No ☑

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: **09/21/2015**

And the period of its duration is: CHECK ONE BOX ONLY

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name **Registered Agent Solutions, Inc.**

Street Address (NOT a P.O. Box) **222 Jefferson Blvd. Suite 200**

City/Town **Warwick**	State **RHODE ISLAND**	Zip Code **02888**

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Life Insurance Agency

Check the box to indicate an attachment ☐

FILED

JUL 10 2018   11:57

BY _La_ 334340

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

FORM 450 - Revised: 11/2017

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

9 E. LOOCKERMAN STREET SUITE 311, DOVER, DE 19901

8. The mailing address for the limited liability company is:

220 South Sixth Street Suite 1200 Minneapolis, MN 55402

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

[✓] 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

10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

[✓] Date received (Upon filing)

[ ] Later effective date (Date must be no more than 30 days from the date 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
youSurance General Agency, LLC	**07/09/2018**

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.

FORM 450 - Revised: 11/2017

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YOUSURANCE GENERAL 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 TWENTY-NINTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YOUSURANCE GENERAL AGENCY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2015.

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

Jeffrey W. Bullock, Secretary of State

5829879 8300

SR# 20185441306

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202985334

Date: 06-29-18

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:

July 10, 2018 11:57 AM

Nellie M. Gorbea
Secretary of State