RI SOS Filing Number: 201985279850 Date: 1/28/2019 9:58:00 AM



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 <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:

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1. The name of the limited liability company is:				
INVEST Financial Company Insurance Agency LLC of Illinois				
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: Illinois				
3. The date of its organization is: December 5, 2018				
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 CT 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 purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
any lawful activities permitted of limited liability companies including conducting insurance business in which it is authorized by the State of Rhode Island including but not limited to life, health and variable annuity sales				
,,,				
Check the box to indicate an attachment				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

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FORM 450 - Revised: 11/2017

	d the agent of the foreign limited liability company for ie resident agent cannot be found or served following the company of the company of the company for the company of the company			
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:				
300 Innovation Drive Franklin, TN 37067				
8. The mailing address for the limited liability company is:				
300 Innovation Drive Franklin, TN 3706	7			
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			
Steve Dowden	One Corporate Way Lansing, MI 48951			
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)				
	rm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
INVEST Financial Company Insurance Agency LLC of Illinois		Jan. 25. 2019		
Signature of Authorized Person SIGN DOCUMENT HERE				



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

INVEST FINANCIAL COMPANY INSURANCE AGENCY LLC OF ILLINOIS, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of DECEMBER A.D. 2018.

Authentication # 1835203166 verifiable until 12/18/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

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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:

January 28, 2019 09:58 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

