



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

**Application for Registration**  
**FOREIGN Limited Liability Company**

→ Filing Fee: \$150.00

RECEIVED  
STATE  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 MAR 20 AM 10:25

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: <input checked="" type="radio"/>		
Vouch Insurance Services, LLC		
<input checked="" type="radio"/> 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: <input checked="" type="radio"/>		
2. The LLC is organized under the laws of: <input checked="" type="radio"/> Delaware		
3. The date of its organization is: <input checked="" type="radio"/> 10/31/2018		
And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="radio"/>		
<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: <input checked="" type="radio"/>		
Agent Name Corporation Service Comany		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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. <input checked="" type="radio"/>		
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: <input checked="" type="radio"/>		

**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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7. The mailing address for the limited liability company is: (S)

595 Pacific Ave, Floor 4, San Francisco, CA 94133

8. Management of the Limited Liability Company: (S)

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.) (S)

☐ By one (1) or more managers (List managers below) (S)

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. (S)

10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX (S)

☒ 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.* (S)

Type or Print Name of LLC

Vouch Insurance Services, LLC

Date

2/26/19

Signature of Authorized Person

 SIGN DOCUMENT HERE

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "VOUCH INSURANCE SERVICES, 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 ELEVENTH DAY OF JANUARY, A.D. 2019.

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Jeffrey W. Bullock, Secretary of State

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SR# 20190209098

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202067605

Date: 01-11-19



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:

March 20, 2019 10:25 AM

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*

