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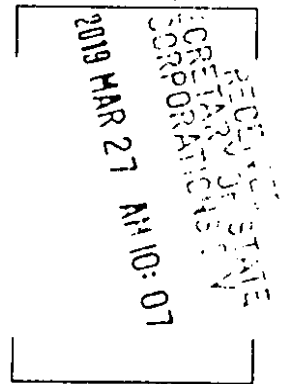
State of Rhode Island and Providence Plantations

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:		
New Paradigm Underwriters, 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:		
FL		
3. The date of its organization is:		
02/18/2013		
And the period of its duration is: CHECK ONE BOX ONLY		
<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		
Corporate Creations Network Inc.		
Street Address (NOT a P.O. Box)		
10 Dorrance Street #700		
City/Town	State	Zip Code
Providence	RHODE ISLAND	02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Non-resident Insurance Agency - for Profit		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615


Phone: (401) 222-3040

Website: www.sos.ri.gov

10:07 **FILED**

MAR 27 2019

BY *[Signature]* M64T1

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: One West Las Olas Blvd. Suite 200 Fort Lauderdale, FL 33301	
8. The mailing address for the limited liability company is: One West Las Olas Blvd. Suite 200 Fort Lauderdale, FL 33301	
9. Management of the Limited Liability Company: The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX <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
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 <input checked="checked" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date 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 New Paradigm Underwriters, LLC	Date 3/19/19
Signature of Authorized Person 	

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.

State of Florida

Department of State

I certify from the records of this office that NEW PARADIGM UNDERWRITERS, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 18, 2013.

The document number of this limited liability company is L13000025591.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018, that its most recent annual report was filed on March 30, 2018, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifth day of February, 2019*



Samuel R. Bee
Secretary of State

Tracking Number: 6321951842CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2019 MAR 27 AM 10:07

SECRETARY OF STATE
CORPORATIONS DIV



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 27, 2019 10:07 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

