

Filing Fee: \$150.00

ID Number: 153723



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, 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:

Newtek Insurance Agency, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Washington DC

4. The date of its organization is 06/09/2003

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street

Providence

RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is C T CORPORATION SYSTEM

(Name of Agent)

7. The secretary 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.

8. 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:

1667 K Street NW, Suite 550, Washington, DC 20006

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

1667 K Street NW, Suite 550, Washington, DC 20006

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By gjb 89769

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to Item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
Barry Sloane	462 7th Avenue, 14th Floor, New York, NY 10018
Ellen Abromson	1667 K Street NW, Suite 550, Washington, DC 20006
Larry Paul	150 S. Washington Street, Carpentersville, IL 60110
Matthew Ash	1667 K Street NW, Suite 550, Washington, DC 20006

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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.

Date: 2/6/2006

Newtek Insurance Agency, LLC

Print Exact Name of Limited Liability Company Making Application

By Ellen Abromson

Signature of authorized person

Ellen Abromson

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the 9th day of June, 2003 *Articles of Organization of:*

NEWTEK INSURANCE AGENCY, LLC

WE FURTHER CERTIFY that the above named Company is in Good Standing and duly organized and existing according to the records of Corporations Division, having filed all reports as required by the District of Columbia Limited Liability Company Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this 8th day of February, 2006.

Patrick J. Canavan, Psy. D.
Director

Business and Professional Licensing Administration

Patricia E. Grays

Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor