

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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ourpose submits the following statement:			
The name of the limited liability company is:		E 7	
ORIGAMI RISK LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability co	mpany? 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: 02/20/2018			
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 InCorp Services, 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:			
Providing software as a service solution for Risk Management Information Systems and related professional services			
Check the box to indicate an attachment			
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.ri.gov

FILED 11:27

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	d the agent of the foreign limited liability company for e resident agent cannot be found or served following the cannot be served the cannot be found or served following the cannot be served the cannot be served the serve		
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	n by the laws of that state or,	
222 N La Salle St., Suite 2125, Chicago, IL	60601		
8. The mailing address for the limited liabil	ity company is:		
222 N La Salle St., Suite 2125, Chicago, IL	60601		
9. Management of the Limited Liability Cor	mpany:		
The Limited Liability Company is to be ma	naged by. CHECK ONLY ONE BOX		
☑ By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)	
By one (1) or more managers (List ma	anagers 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 Certifica	ite of Registration will be effective: CHECK ONE B	OX ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 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	
ORIGAMI RISK LLC		07/16/2019	
Signature of Authorized Person	CION DOCUMENT LIEBS		
12745	SIGN DOCUMENT HERE		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORIGAMI RISK 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 THIRD DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORIGAMI RISK LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2018.

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

6762579 8300 SR# 20195800040 Authentication: 203151377

Date: 07-03-19