Filing Fee: \$150.00

ID Number: 158142



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FILED

LIMITED LIABILITY COMPANY SEP 15 2006

By are

APPLICATION FOR REGISTRATION 12-147

CONFIGNATIONS SECRETARY OF CONFIGNATIONS

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, 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:					
	VFS INSURANCE SERVICES LLC	···				
2. The name, if different, under which it proposes to register and transact business in Rhode Island is:						
3.	. The date of its organization is December 7, 2004					
4.						
5.						
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				
	<u> </u>	(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:					
	7025 Albert Pick Road, Suite 105, Greensboro, N.C. 27409					
9.	The mailing address for the limited liability company is:					
	P.O. Box 26131, Greensboro, N.C. 27402-6131					

Form No. 450 Revised: 12/05

10.	•	Management of the Limited Liability Co	ompany:		
-	A.	A. The limited liability company is to be managed by its members. (If you have checked this box, go to no. 11.)			
	<u>or</u>		<u>or</u>		
	В.	3. The limited liability company is to be managed by one (1) or more managers. (If the limited liab company has managers at the time of the filing of these Articles of Organization, state the name address of each manager.)			
		<u>Manager</u>	<u>Address</u>		
	Ste	even C. Nett	7025 Albert Pick Road, Suite 105, Greensboro, N.C. 27409		
	Deborah K. Hayes		7025 Albert Pick Road, Suite 105, Greensboro, N.C. 27409		
11			ificate of good standing duly authenticated by the secretary of state or other 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.		
D	ate:	September 5, 2006	VFS INSURANCE SERVICES LLC Print Exact Name of Limited Liability Company Making Application		
			By Signature of authorized person SteverC. Nett, Manager		



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

VFS INSURANCE SERVICES LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of December, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate

CORPORATIONS DIV SECRETARY OF STATE



my hand and affixed my official seal at the City of Raleigh, this 7th day of September, 2006.

Claime J. Marshall

IN WITNESS WHEREOF, I have hereunto set

Secretary of State

Certification# 85978258-1 Reference# 8349093-ACH Page: 1 of 1 Verify this certificate online at www.secretary state.nc us/verification