RI SOS Filing Number: 201927620810 Date: 11/18/2019 12:03:00 PM

| State of Rhode Island and Providence Plantations  Department of State - Business Services  | Division   |  |  |  |
|--|--|--|--|--|
| Application for Registration   |  |  |  |  |
| FOREIGN Limited Liability Company  |  |  |  |  |
| → Filing Fee: \$150.00   |  | R  |  |  |
| Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned f applies for a Certificate of Registration to transact business in purpose submits the following statement: | oreign limited liability company<br>the state of Rhode Island, and | R.I. DEPT. OF BUS SVCS by hereby                             |  |  |
| The name of the limited liability company is:  |  | 7 22   |  |  |
| STRAIGHT UP INSURANCE SERVICES, LLC  |  | 1E 03  |  |  |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X   |  |  |  |  |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:  |  |  |  |  |
|  | ·  |  |  |  |
| The LLC is organized under the laws of:     Delaware   |  |  |  |  |
| 3. The date of its organization is: 01/14/2016   |  |  |  |  |
| And the period State the date of organization in NE BOX the state or country of formation.  Date certain for dissolution   |  |  |  |  |
| 4. The name and address of the resident agent/office in Rhoo   | de Island is:  |  |  |  |
| Agent Name   | <del>.</del>   | ····   |  |  |
| C T Corporation System   |  |  |  |  |
| Street Address (NOT a P.O. Box)  | <del>-</del> "-  |  |  |  |
| 450 Veterans Memorial Parkway, Suite 7A  |  |  |  |  |
| City/Town  | State  | Zip Code   |  |  |
| East Providence  | RHODE ISLAND   | 02914  |  |  |
| <ol><li>The Department of State is appointed the agent of the fore<br/>time there is no resident agent or if the resident agent cannot<br/>diligence.</li></ol>                  | ign limited liability company fo<br>be found or served following t | r service of process if at any<br>the exercise of reasonable |  |  |
| 6. The address of any office required to be maintained in the liability company is organized is:   | state or other jurisdiction unde                                   | er the laws of which the limited                             |  |  |
| 160 GREENTREE DR STE 101, Dover, DE 19904  |  |  |  |  |

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:  |         |                |  |  |
|---|---------|----------------|--|--|
| 929 MARKET STREET 3RD FLOOR, San Francisco, CA 94103  |         |                |  |  |
| 8. Management of the Limited Liability Company:   |         |                |  |  |
| 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.)   |         |                |  |  |
| By one (1) or more managers (List managers below)   |         |                |  |  |
| MANAGER   | ADDRESS |                |  |  |
|   |         |                |  |  |
|   |         |                |  |  |
|   |         |                |  |  |
|   |         |                |  |  |
| 9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the<br>state or country under the laws of which it is formed that is dated within 60 days of the filing of this document. |         |                |  |  |
| 10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX  |         |                |  |  |
| ✓ 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.                                   |         |                |  |  |
| Type or Print Name of LLC   |         | Date           |  |  |
| STRAIGHT UP INSURANCE SERVICES, LLC   |         | 11 / 06 / 2019 |  |  |
| Signature of Authorized Person  |         |                |  |  |
| SIGKING PIRONNO ERE   |         |                |  |  |

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STRAIGHT UP 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 EIGHTH DAY OF NOVEMBER, A.D. 2019.

R.I. DEPT, OF STATE
BUS SYCS DIV

5936596 8300 SR# 20197978240 Authentication: 203965154

Date: 11-08-19

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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:

November 18, 2019 12:03 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

