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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:

The name of the limited liability company is:			
Newfront Insurance Services, LLC			
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 Isl	and is:	
2. The LLC is organized under the laws of: CA			
3. The date of its organization is: 05/16/2017			
And the period of its duration is: CHECK ONE BOX ONLY		<u>.</u>	
Perpetual (on-going)			
Date certain for dissolution	 		
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name Corporation Service Company		-	
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	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 Rho	ode Island are:	
To affiliate our licensed employees with the Department of Insurance, monitor their licenses, and renew licenses.			

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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Check the box to indicate an attachment

FORM 450 - Revised: 01/2019

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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:			
101 2nd Street, Suite 525, San Francisco, CA 94105			
8. The mailing address for the limited liability company is:			
55 2nd Street, Floor 18, San Francisco, CA 94105			
9. Management of the Limited Liability Co.	mpany:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
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		
		-	
		•	
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	te of Registration will be effective: CHECK ONE BO	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 Registr tatements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC Newfront Insurance Services, LLC	Eugen LjAUn	Date $(2/23/19)$	
Signature of Authorized Person	SUST TOCUMENT HERE		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NEWFRON'T INSURANCE SERVICES, LLC

FILE NUMBER: FORMATION DATE:

201713610413 05/16/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 8, 2020.

ALEX PADILLA Secretary of State