



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2020 JAN 22 PM 12:21

**Application for Registration**  
**FOREIGN Limited Liability Company**

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:  |                              |                   |
| FMC Subsidiary Services, LLC  |                              |                   |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                              |                   |
| 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: <span style="float: right;">Delaware</span>  |                              |                   |
| 3. The date of its organization is: <span style="float: right;">09/26/2019</span>   |                              |                   |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>  |                              |                   |
| <input checked="" type="checkbox"/> Perpetual (on-going)  |                              |                   |
| <input type="checkbox"/> Date certain for dissolution _____   |                              |                   |
| 4. The name and address of the resident agent/office in Rhode Island is:  |                              |                   |
| Agent Name C T Corporation System   |                              |                   |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A   |                              |                   |
| City/Town<br>East Providence  | State<br><b>RHODE ISLAND</b> | Zip Code<br>02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:<br>Sale of insurance products                                      |                              |                   |
| Check the box to indicate an attachment <input type="checkbox"/>  |                              |                   |

**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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B *[Signature]* J2891

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:

907 Pleasant Valley Avenue, Suite 3, Mt. Laurel, NJ 08054

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

907 Pleasant Valley Avenue, Suite 3, Mt. Laurel, NJ 08054

9. Management of the Limited Liability Company:

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 Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

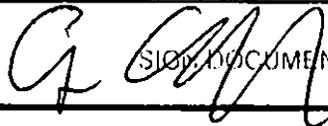
Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*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  
FMC Subsidiary Services, LLC

Date  
12/18/19

Signature of Authorized Person

  
SIGN DOCUMENT HERE

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FMC SUBSIDIARY 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 TENTH DAY OF JANUARY, A.D. 2020.

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



7627335 8300

SR# 20200209747

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202165205

Date: 01-10-20



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

January 22, 2020 12:21 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

