

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby

RECEIVED R.I. DE<del>PT. OF STATE</del> BU\$ SVCS DIV

2020 FEB 11 A 10: 37

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FOR 1 3/13/41 FOR 1181.

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

→ Filing Fee: \$150.00

applies for a Certificate of Registration to transact business in t purpose submits the following statement:	he State of Rhode Island, and t	for that		
The name of the limited liability company is:				
AGENT SUPPORT SERVICES, LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? 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: 11/13/2019		·		
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 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 INSURANCE MARKETING	transaction of business in Rho	de Island are:		
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 FORM 450 - Revised: 11/2019

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:			
251 LITTLE FALLS DRIVE, WILMINGTON	DE 19808		
8. The mailing address for the limited liabi 2650 MCCORMICK DR 200S, CLEARWATE			
9. Management of the Limited Liability Co	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 chart below.)			
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
AGENT SUPPORT HOLDINGS, LLC	2650 MCCORMICK DR 200S, CLEARWATER FL 337	59	
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)			
	irm that I have examined this Application for Regist latements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC	:	Date	
AGENT SUPPORT SERVICES, LLC		2/10/2030	
Signature of Authorized Person			

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AGENT SUPPORT 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

7701709 8300 SR# 20200231809 Authentication: 202178244

Date: 01-13-20