

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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: Fetch Insurance Services, LLC No X Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 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: 1/23/2006 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 C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip Code State City/Town RHODE ISLAND 02914 East Providence 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Selling Pet Insurance (property/casualty insurance) Check the box to indicate an attachment L

MAIL TO:

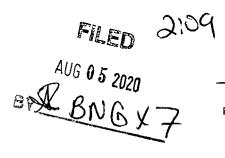
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

STAMP

FOR SECRETARY OF STATE USE ONLY



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:		
1209 Orange Street, Wilmington, DE 19801		
8. The mailing address for the limited liability company is:		
3805 West Chester Pike, Suite 240, Newtown Square, PA 19073		
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	
Paul Guyardo	3805 West Chester Pike, Suite 240, Newtown Square, PA 19073	
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 Certificate of Registration will be effective: CHECK ONE BOX ONLY		
∑ Date received (Upon filing)		
Later effective date (Date must be no more than 90 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		Date
Fetch Insurance Services, LLC		7/21/2020
Signature of Authorized Person		

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<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FETCH 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 FOURTH DAY OF AUGUST, A.D. 2020.

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

2020 AUG -5 PM 2: 09

4098033 8300 SR# 20206571097 Authentication: 203404573

Date: 08-04-20