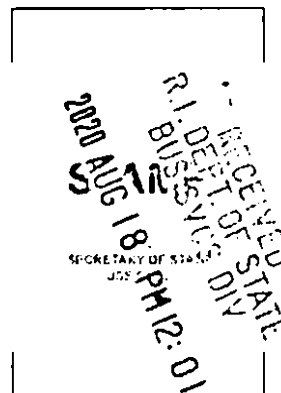


State of Rhode Island and Providence Plantations
Department of State - Business Services Division**Application for Certificate of Authority****FOREIGN Business Corporation**

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the corporation is:

FDS Insurance Agency, Inc.

2. It is incorporated under the laws of:

Delaware

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: **07/24/2020**And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)☐ Date certain for dissolution _____

5. The address of its principal office is:

4220 North Freeway, Fort Worth, TX 76137

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

Cogency Global Inc.Street Address (NOT a P.O. Box)**222 Jefferson Boulevard, Suite 200**

City/Town

Warwick

State

RHODE ISLAND

Zip Code

02888**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 STAMP
AUG 18 2020
 BY CH JX295

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

To engage in any lawful act or activity for which corporations may be organized under the General Laws of Rhode Island, including, but not limited to, acting as an insurance agent and/or insurance producer.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Adam McMullin	4220 North Freeway, Fort Worth, TX 76137
Peter Fianu	4220 North Freeway, Fort Worth, TX 76137
Rich Bukovinsky	4220 North Freeway, Fort Worth, TX 76137

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Peter Fianu	4220 North Freeway, Fort Worth, TX 76137
VICE PRESIDENT	Rich Bukovinsky	4220 North Freeway, Fort Worth, TX 76137
TREASURER	See Exhibit A	
SECRETARY	See Exhibit A	

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	Common Stock		\$0.01

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

_____ 0 _____ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

_____ 0.01 _____ %

12. 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 this filing.

13. Date when the Certificate of Authority 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Tracy Ward

Date

August 13, 2020

Signature of Authorized Officer of the Corporation

SIGN DocuSigned by:
Tracy Ward
27DDE0EF2054FB

EXHIBIT A

Directors

Adam McMullin
4220 North Freeway
Fort Worth, TX 76137

Peter Fianu
4220 North Freeway
Fort Worth, TX 76137

Rich Bukovinsky
4220 North Freeway
Fort Worth, TX 76137

Officers

Adam McMullin, Chief Executive Officer
4220 North Freeway
Fort Worth, TX 76137

Peter Fianu, President and Chief Information Officer
4220 North Freeway
Fort Worth, TX 76137

Rich Bukovinsky, Executive Vice President, Business Development
4220 North Freeway
Fort Worth, TX 76137

Greg Lytle, Chief Financial Officer
4220 North Freeway
Fort Worth, TX 76137

Tracy Ward, Chief Administrative Officer
4220 North Freeway
Fort Worth, TX 76137

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FDS INSURANCE AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FDS INSURANCE AGENCY, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2020.

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



3313055 8300

SR# 20206707302

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203454886

Date: 08-12-20

PARASEARCH INC.

222 Jefferson Boulevard
Warwick, RI 02888

Legal Support Specialists

TEL (401) 732-2490
FAX (401) 739-7708
www.parasearch.com

Date: 8/18/20

Corporate Name: FDS Insurance Agency

Document:

Certificate of Authority

Articles of Incorporation

Amended Certificate of Authority

Withdrawal Certificate

Registration of LLC

LLC Organization

Name Reservation

Fictitious Name

Annual Report

LLC Amendment

Other: _____

Good Standing Attached: yes

Not needed

Issue Good Standing: yes

See attached form

Issue Certified Copy: yes

See attached form

Parasearch Check #: 22354 \$ 310

Client Check #: \$

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 AUG 18 PM 12:01

We appreciate your business.



State of Rhode Island

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,
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:

August 18, 2020 12:01 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

