

RECEIVED
R.I. DEPT. OF STATE
FILING DIV
2020 NOV -4 A 11:56

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

STAMP

→ 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:

Grass Lake Insurance Agency, Inc.

2. It is incorporated under the laws of:

Michigan

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: **October 6, 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:

5151 Corporate Drive, Troy MI 48098

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

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****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

NOV 04 2020

BY Ch CJJ5K

11:56

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

To engage in offering homeowners policies to mortgage customers.

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
Lee M. Smith	5151 Corporate Drive, Troy MI 48098
James K. Cirolì	5151 Corporate Drive, Troy MI 48098

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	Mark Landschulz	5151 Corporate Drive, Troy MI 48098
VICE PRESIDENT	James L. Harvin	5151 Corporate Drive, Troy MI 48098
TREASURER	Bryan Marx	5151 Corporate Drive, Troy MI 48098
SECRETARY	Paul D. Borja	5151 Corporate Drive, Troy MI 48098

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
60,000	Common		No Par Value

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.)

0.3 _____ %

Additional Officer:

Name: Jan M. Klym

Officer Title: Assistant Secretary

Address: 5151 Corporate Drive
Troy, MI 48098

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

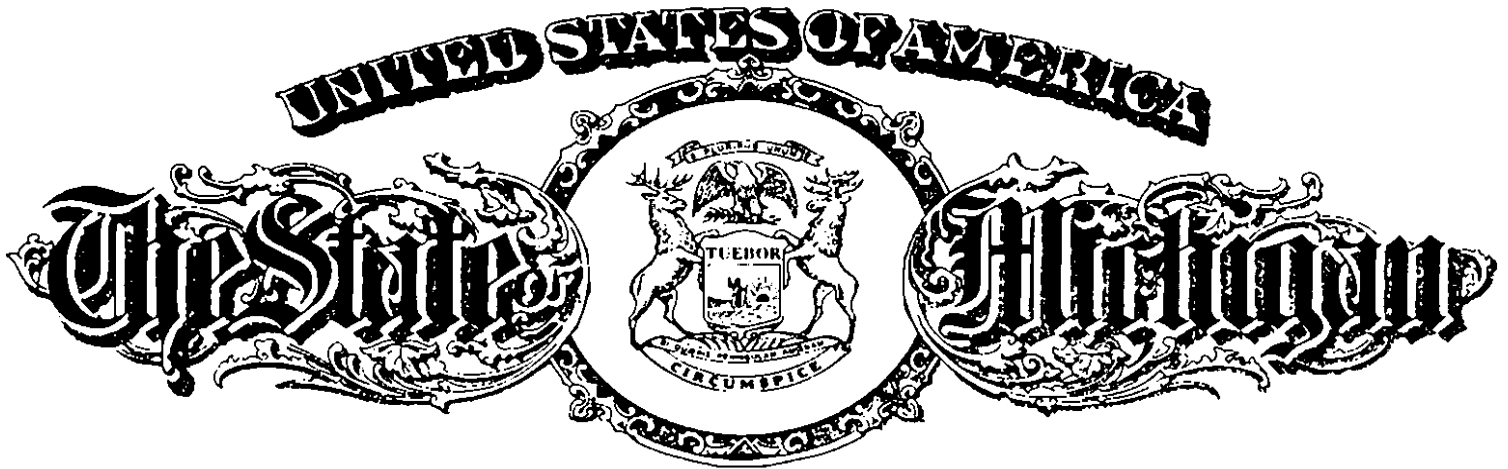
Jan M. Klym, Assistant Secretary

Date

10/29/2020

Signature of Authorized Officer of the Corporation

Jan M. Klym



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

GRASS LAKE INSURANCE AGENCY, INC.

*was validly incorporated on October 6, 2020 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 20104019210

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 8th day of October, 2020.*

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau



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:

November 04, 2020 11:56 AM

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

Nellie M. Gorbea
Secretary of State

