



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

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 FEB 24 P 1:25

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: Asurion UBIF Franchise, 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: DE		
3. The date of its organization is: 9/3/2019		
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 C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Holding Company		
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

FILED

FEB 24 2021

BY *97GCH*

FORM 450 - Revised: 01/2019

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:

11460 Tomahawk Creek Pkwy, Ste 300, Leawood, KS 66211

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
See attached	

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 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

Asurion UBIF Franchise, LLC

Date

2/23/2021

Signature of Authorized Person

Agnes Jensen, Member

Agnes J.

SIGN DOCUMENT HERE

Asurion UBIF Franchise, LLC

Managers

Roger Detter -- 160 Bovet Rd, Ste 402, San Mateo, CA 94402

Willard Reagan – 648 Grassmere Park, Ste 100, Nashville, TN 37211

Kevin Taweel -- 160 Bovet Rd, Ste 402, San Mateo, CA 94402

Lisa Toporek – 648 Grassmere Park, Ste 100, Nashville, TN 37211

John Storey – 648 Grassmere Park, Ste 100, Nashville, TN 37211

Gustavus A. Puryear IV – 648 Grassmere Park, Ste 100, Nashville, TN 37211

Elizabeth Alexander -- 648 Grassmere Park, Ste 100, Nashville, TN 37211

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASURION UBIF FRANCHISE, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021.

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



7588412 8300

SR# 20210599312

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: 202579534

Date: 02-23-21



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:

February 24, 2021 01:25 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

