



State of Rhode Island

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: MST Insurance Solutions, Inc.		
2. It is incorporated under the laws of: California		
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: 08/10/2020		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 21241 S. Western Avenue, Suite 200, Torrance, CA 90501		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name National Registered Agents, Inc.		
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Pkwy, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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

APR 09 2021

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A.A. 11:49 AM

FORM 150 - Revised: 08/2020

<p>7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  The business of insurance functioning as a non-resident insurance agency.</p>																							
<p>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):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td>Daisuke Nakamura</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> <tr> <td>Emiko Sasahara</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> <tr> <td>Atsushi Murakami</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> <tr> <td>Takeshi Murakami</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> </tbody> </table>				NAME	ADDRESS	Daisuke Nakamura	21241 S. Western Ave, Ste 200, Torrance, CA 90501	Emiko Sasahara	21241 S. Western Ave, Ste 200, Torrance, CA 90501	Atsushi Murakami	21241 S. Western Ave, Ste 200, Torrance, CA 90501	Takeshi Murakami	21241 S. Western Ave, Ste 200, Torrance, CA 90501										
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<p>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):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OFFICE</th> <th style="width: 30%;">NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Daisuke Nakamura</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>None</td> <td>N/A</td> </tr> <tr> <td>TREASURER</td> <td>Emiko Sasahara</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> <tr> <td>SECRETARY</td> <td>Emiko Sasahara</td> <td>21241 S. Western Ave, Ste 200, Torrance, CA 90501</td> </tr> </tbody> </table>				OFFICE	NAME	ADDRESS	PRESIDENT	Daisuke Nakamura	21241 S. Western Ave, Ste 200, Torrance, CA 90501	VICE PRESIDENT	None	N/A	TREASURER	Emiko Sasahara	21241 S. Western Ave, Ste 200, Torrance, CA 90501	SECRETARY	Emiko Sasahara	21241 S. Western Ave, Ste 200, Torrance, CA 90501					
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<p>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:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NUMBER OF SHARES</th> <th style="width: 20%;">CLASS</th> <th style="width: 20%;">SERIES</th> <th>PAR VALUE OR STATE NO PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td></td> <td>NPV</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	1,000	Common		NPV	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>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.)</p> <p>0 _____ %</p>																							
<p>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.)</p> <p>1 _____ %</p>																							


**DIRECTORS  
OF  
SEVEN CORNERS INSURANCE SOLUTIONS, INC.  
(continued)**

**OFFICERS**

**TITLE**

Tomoyasu Honda  
21241 S. Western Avenue  
Suite 200  
Torrance, CA 90501

Director

12. 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 this filing.	
13. Date when the Certificate of Authority will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer Emiko Sasahara	Date - 1/19/21
Signature of Authorized Officer of the Corporation 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** MST INSURANCE SOLUTIONS, INC.  
**File Number:** C4629324  
**Registration Date:** 08/10/2020  
**Entity Type:** DOMESTIC STOCK CORPORATION  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of February 14, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California  
this day of February 15, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

**SHIRLEY N. WEBER, Ph.D.**  
**Secretary of State**

**Certificate Verification Number:** ZVQ23VY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bizfile.sos.ca.gov/certification/index](http://bizfile.sos.ca.gov/certification/index).