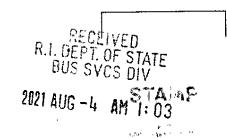


Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



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: Urban Advantage Insurance Services LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No 🔽 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: 05/02/2017 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 Paracorp Incorporated Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 Zip Code 02888 City/Town Warwick State **RHODE ISLAND** 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Acting as an insurance agency. 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

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FORM 450 - Revised: 08/2020

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any time, there is no resident agen	t or if the resident agent carmot be found	ability company for service of process if, at or served following the exercise of reasonable
7. The address of the office require if not so required, of the principal o	d to be maintained in the state or country ffice of the foreign limited liability compan	of its organization by the laws of that state or, y is:
215 N. Marengo Ave. Ste. 349 Pasader	a, CA 91101	
8. The mailing address for the limit	ed liability company is:	
215 N. Marengo Ave. Ste. 349 Pasader	ia, CA 91101	
9. Management of the Limited Liak	sility Company:	
The Limited Liability Company is to	be managed by: CHECK ONLY ONE B	ox
By its members (If you have o	checked this box, go to Section 9. (DO NO	T fill out the chart below.)
By one (1) or more managers		
MANAGER	ADDRESS	
	10 10 10	attacks of Status from the state or country of
10. This application must be acco formation dated within 60 days of	mpanied by a <u>Certificate of Good Standin</u> the date of filing.	ng/Letter of Status from the state or country of
11. Date when this application for	Certificate of Registration will be effective	E CHECK ONE BOX ONLY
✓ Date received (Upon filing)		
Later effective date (Date mo	ust be no more than 90 days from the date	e of filing)
II I was a three parium. I declar	e and affirm that I have examined this App that all statements contained herein are t	olication for Registration, including any
Type or Print Name of LLC		Dale
Urban Advantage Insurance Services LLC		7/9/21
Signature of Authorized Person		
June W. Mc	Clu	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "URBAN ADVANTAGE 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 TWENTIETH DAY OF JULY, A.D. 2021.

6398191 8300

SR# 20212736774

You may verify this certificate online at corp.delaware.gov/authver.shtml

Sething Vir. Unificial, Societary of State

Authentication: 203715569

Date: 07-20-21