RI SOS Filing Number: 202102095650 Date: 9/24/2021 10:21:00 AM



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## Application for Registration

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in the purpose submits the following statement:	• •	-
The name of the limited liability company is:		
Kalepa Insurance Services, LLC		
Is this company organized in its state or country of formation a	as a low-profit limited liability co	mpany? Yes 🗌 No 🗹
The name, if different, under which it proposes to register and	transact business in Rhode Isla	and is:
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 07/26/2021		
And the period of its duration is: CHECK ONE BOX ONLY		
Perpetual (on-going)		
Date certain for dissolution		<u> </u>
4. The name and address of the resident agent/office in Rhod	e Island is:	
Agent Name Cogency Global Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the To sell, solicited, and negotiate insurance in return for compensation	n	
	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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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:			
920 Broadway, 15th Floor, New Yerk, NY 10010			
8. The mailing address for the limited liability company is: 920 Broadway, 15th Floor, New York, NY 10010			
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.)  Sy one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
Kalepa Corporation	920 Broadway, 15th Floor, New York, NY 10010		
10. 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 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 Date			
(alepa Insurance Services, LLC) 08/17-12021			
Signature of Authorized Person	Date  OF/17-/202/		

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KALEPA 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2021.

Authentication: 204054237

Date: 08-31-21

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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:

September 24, 2021 10:21 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

