State of Rhode Island
Department of State - Business Services Division

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Certificate of Registration
FOREIGN Limited Partnership

→ Filing Fee: $100.00 minimum

Pursuant to the provisions of RIGL 7-13-49, the undersigned foreign limited partnership 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 partnership is:

Arcana Insurance Services, LP

The name, if different, which it elects to use in Rhode Island is:

2. The limited partnership is organized under the laws of:
Texas

3. The date of its formation is:
~~01/21/2005~~ 1/4/2006

4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Nonresident insurance sales and service

5. The name and address of the registered agent/office in Rhode Island is:

Agent Name: Registered Agent Solutions, Inc.

Street Address (NOT a P.O. Box): 222 Jefferson Blvd., Suite 200

City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888

6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered 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 partnership is:

13770 Noel Rd.,# 802417 Dallas, TX 75380

3:27

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OCT 18 2021

BY BFDE6

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 350 - Revised: 08/2020

8. The name and business address of each general partner is:	
GENERAL PARTNER	BUSINESS ADDRESS

9. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled or withdrawn is:

5310 Harvest Hill Rd. Dallas, TX 75230

10. The mailing address for the foreign limited partnership is:

Address: 13770 Noel Rd., #802417

City/Town	State	Zip Code
Dallas	TX	75380

11. 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.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner	Date
Mark Gannaway	10/4/2021

Signature of General Partner

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.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Arcana Insurance Services, LP (file number 800595258), a Domestic Limited Partnership (LP), was filed in this office on January 04, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 11, 2021.

Jose A. Esparza
Deputy Secretary of State