



State of Rhode Island

Department of State - Business Services Division

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

**STAMP**

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:                                                                                                                              |                    |                |
| Heath XS, LLC                                                                                                                                                                 |                    |                |
| Is this company organized in its state or country of formation as a low-profit limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: New Jersey                                                                                                                         |                    |                |
| 3. The date of its organization is: 12/13/2001                                                                                                                                |                    |                |
| 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 _____                                                                                                                   |                    |                |
| 4. The name and address of the resident 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 Warwick                                                                                                                                                             | State RHODE ISLAND | Zip Code 02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                    |                    |                |
| Nonresident insurance sales and service                                                                                                                                       |                    |                |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                              |                    |                |

**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 STAMP**

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BY

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FORM 450 - Revised: 08/2021

A.A. 3:50 PM

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:

5420 Lyndon B. Johnson Frwy., #1100 Dallas, TX 75240

8. The mailing address for the limited liability company is:

5420 Lyndon B. Johnson Frwy., #1100 Dallas, TX 75240

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, **DO NOT** fill out the chart below)

☐ By one (1) or more managers (List managers below)

| MANAGER | ADDRESS |
|---------|---------|
|         |         |
|         |         |
|         |         |
|         |         |

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**

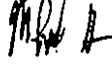
☒ Date received (Upon filing)

☐ 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<br>Michael Gramm, Member | Date<br>11/10/2021 |
|----------------------------------------------------|--------------------|

Signature of Authorized Person

 11/16/21

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

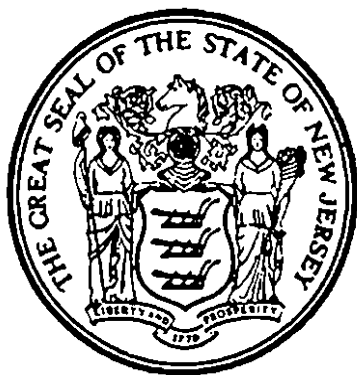
**HEATH XS, LLC  
0600128704**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 13, 2001.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**REGISTERED AGENT SOLUTIONS, INC  
208 WEST STATE STREET  
TRENTON, NJ 08608**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
16th day of November, 2021*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number . 6125342114*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_/\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_/_StandingCert/ISP/Verify_Cert.jsp)*