State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: $150.00

S : AMP

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? Yes ☐ 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: **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: 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

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 ☐

FILED 2021 NOV 19 PM 3:50 SECRETARY OF STATE

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

NOV 19 2021

BY 08915

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	Date
Michael Gramm, Member	11/10/2021

Signature of Authorized Person

11/10/21

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.

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

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6125342114

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp