

11:35 Am



State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

FILED

Fee: \$150.00

JAN 09 2023

BY online
LS

Foreign Limited Liability Company

Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Consolidated Admin Services, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

☐ Check if this company is organized in its state or country of formation as a low-profit limited liability company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: AR Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 01/09/2023

ARTICLE IV

The date of its organization is: 11/9/2009

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BOULEVARD, STE 200

City or Town: WARWICK

State: RI Zip: 02888

Name: CORPORATION SERVICE COMPANY

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

ADMINISTRATION OF EMPLOYER BENEFIT PLANS.

ARTICLE VIII

The Rhode Island 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 140 PROFESSIONAL DRIVE

City or Town: CABOT

State: AR

Zip: 72023

Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: P.O. BOX 1513

City or Town: CABOT

State: AR

Zip: 72023

Country: USA

ARTICLE XI

The limited liability company is to be managed by its Members or X Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CARRIE STOUT	140 PROFESSIONAL DRIVE CABOT, AR 72023 USA

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I.-Gen. Laws § 7-16.

Signed this 9 Day of January, 2023 at 11:35:58 AM by the Authorized Person.

CARRIE STOUT

Form No. 450
Revised 09/07

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**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CONSOLIDATED ADMIN SERVICES, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 9, 2009.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 13th day of December 2022.


John Thurston
Secretary of State
Online Certificate Authorization Code: 940a6d956346582
To verify the Authorization Code, visit sos.arkansas.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 09, 2023 11:35 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

