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

Fee: $150.00

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: Galileo Insurance 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: DE 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:

ARTICLE IV

The date of its organization is: 11/22/2010

ARTICLE V

The period of its duration is: X Perpetual ___

ARTICLE VI

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

No. and Street: 235 PROMENADE STREET, SUITE 475
City or Town: PROVIDENCE State: RI Zip: 02908
Name: 3H AGENT SERVICES, INC.

Article VII

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

INSURANCE SALES AND SERVICES

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: 1201 N. ORANGE STREET, SUITE 710

City or Town: WILMINGTON State: DE Zip: 19801-1186 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 402 SANTA FE CIRCLE

City or Town: CHANHASSEN State: MN Zip: 55317 Country: USA

ARTICLE XI

The limited liabilty company is to be managed by its **X** Members or __ 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

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 13 Day of April, 2023 at 12:49:28 PM by the Authorized Person.

RENEE DELOZIER

Form No. 450
Revised 09/07

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GALILEO 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 FIFTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALILEO INSURANCE SERVICES LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

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SR# 20231117820

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203084368

Date: 04-05-23