

State of Rhode Island Office of the Secretary of State

Fee: \$150.00

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

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: Reserv Claims Analysis, 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: <u>DE</u> Country: <u>USA</u>

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: 6/29/2022

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: 10 DORRANCE STREET #700

City or Town: PROVIDENCE State: RI Zip: 02903

Name: <u>CORPORATE CREATIONS NETWORK INC.</u>

Article VII

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

NON-RESIDENT INSURANCE AGENCY FOR PROFIT

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: 3411 SILVERSIDE ROAD TATNALL

BUILDING STE 104

City or Town: <u>WILMINGTON</u> State: <u>DE</u> Zip: <u>19810</u>Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 99 WALL STREET #5202

City or Town: <u>NEW YORK CITY</u> State: <u>NY</u> Zip: <u>10005</u> Country: <u>USA</u>

ARTICLE XI

The limited liabilty company is to be managed by its <u>X</u> Members or <u>Managers</u> (check one)

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	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 14 Day of April, 2023 at 3:56:38 PM by the Authorized Person.

CJ PRYZBYL

Form No. 450 Revised 09/07
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RESERV CLAIMS ANALYSIS, 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 TENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESERV CLAIMS ANALYSIS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2022.

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

RETARY'S OF CE

6886513 8300 SR# 20231358631

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

Authentication: 203104232

Date: 04-10-23