



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

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

Foreign Corporation

Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is SPI Agent Solutions, Inc.

SECTION II

It is incorporated under the laws of State: DE Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island* **OR**

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 3/21/2023

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 524 S 2ND ST

STE 505

City or Town: SPRINGFIELD

State: IL

Zip: 62701

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD

STE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is PARASEARCH, INC.

SECTION VII

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

PROVIDE REGISTERED AGENT SERVICES

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	LINDSAY GATES	524 S 2ND ST STE 505 SPRINGFIELD, IL 62701 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	LINDSAY GATES	524 S 2ND ST STE 505 SPRINGFIELD, IL 62701 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$0.0100	1,000.00

Signed this 5 Day of June, 2023 at 11:06:17 AM by the officers(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By LINDSAY GATES
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPI AGENT SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPI AGENT SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2023.

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



7361867 8300

SR# 20232242299

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203393632

Date: 05-22-23



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:

June 05, 2023 11:04 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

