

## Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in purpose submits the following statement:			
1. The name of the limited liability company is:			
Crimson Sage LLC			
Is this company organized in its state or country of formation	as a low-profit limited liability of	company? Yes 🗌 No 🗹	
The name, if different, under which it proposes to register and	transact business in Rhode I	sland is:	
2. The LLC is organized under the laws of: Delaware			
3. The date of its organization is: 06/08/2021			
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 Rhod	e Island is:		
Agent Name Corporate Creations Network Inc.			
Street Address (NOT a P.O. Box) 10 Dorrance Street #700			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in RI	node Island are:	
Insurance Agency and Brokerage			
	Check the b	ox to indicate an attachment	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 450 - Revised 12/2021

	d the agent of the foreign limited liability company for service resident agent cannot be found or served following the ex			
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization by the the foreign limited liability company is:	laws of that state or,		
3411 SILVERSIDE ROAD TATNAL	LL BUILDING STE 104, WILMINGTON, DE 19810	)		
8. The mailing address for the limited liabil	lity company is:	·		
P.O Box 7119, Church Street Station	on, New York NY 10008-7119			
9. Management of the Limited Liability Cor	mpany:			
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			
Michael Seckler	55 Water Street, 29th Floor, New York NY 1004	1		
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			
Crimson Sage LLC	6 /	(1) (13		
Signature of Authorized Person	-			
Johnathan Mirian, VP of Finance				

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRIMSON SAGE 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 TWENTY-SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRIMSON SAGE LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2021.

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

at coro delaware gov/auth

5981699 8300 SR# 20232256981 Authentication: 203396772

Date: 05-22-23