



**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 FRINGE INSURANCE BENEFITS, INC.

SECTION II

It is incorporated under the laws of State: TX 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 9/11/1991

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 11910 ANDERSON MILL RD

City or Town: AUSTIN

State: TX

Zip: 78726

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

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

INSURANCE AGENCY

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
PRESIDENT	TRAVIS WEST	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA

TREASURER	JOHN MALNAR	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
SECRETARY	JOHN MALNAR	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
DIRECTOR	TRAVIS WEST	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
DIRECTOR	JOHN MALNAR	11910 ANDERSON MILL RD AUSTIN, TX 78726 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
PRESIDENT	TRAVIS WEST	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
TREASURER	JOHN MALNAR	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
SECRETARY	JOHN MALNAR	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
DIRECTOR	TRAVIS WEST	11910 ANDERSON MILL RD AUSTIN, TX 78726 USA
DIRECTOR	JOHN MALNAR	11910 ANDERSON MILL RD AUSTIN, TX 78726 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			\$1.0000	10,000.00

Signed this 9 Day of August, 2023 at 1:16:10 PM 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 TRAVIS WEST
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for FRINGE INSURANCE BENEFITS, INC. (file number 120553400), a Domestic For-Profit Corporation, was filed in this office on September 11, 1991.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 04, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State



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:

August 09, 2023 01:13 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

