State of Rhode Island
Department of State - Business Services Division

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Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

NFP Corporate Services (NY), LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: New York

3. The date of its organization is: 12/01/2004

And the period of its duration is: **CHECK ONE BOX ONLY**

X Perpetual (on-going)

Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name: C T Corporation System

Street Address (NOT a P.O. Box): 450 Veterans Memorial Parkway, Suite 7A

City/Town	State	Zip Code
East Providence	**RHODE ISLAND**	02914

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

Insurance Sales/Insurance Agency

Check the box 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: 12/2023

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

340 Madison Ave FL 21 New York NY 10173

8. The mailing address for the limited liability company is:

340 Madison Ave FL 21 New York NY 10173

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners) **OR** X Manager(s). Complete the chart below.
DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Veronica Moo	200 Park Avenue, Suite 3202, New York, NY 10166
	Edward O'Malley	1250 Capital of TX Hwy. S., Building 2, Suite 125, Austin, TX 78746

Check the box to indicate an attachment

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**

X 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
NFP Corporate Services (NY), LLC	6/27/2024

Signature of Authorized Person

DocuSigned by:
Katherine Henry
AC98053CF60B40E

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	NFP CORPORATE SERVICES (NY), LLC
DOS ID Number:	3132353
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/01/2004
Existence Date:	12/07/2022
Statement Status:	CURRENT
Statement Due Date:	12/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 27, 2024 at 01:21 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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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 28, 2024 01:12 PM

Gregg M. Amore
Secretary of State