

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: Acrisure Loss Control Solutions, 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.

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: MI Country: USA

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: 8/13/2024

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: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK State: RI Zip: 02888

Name: CORPORATION SERVICE COMPANY

Article VII

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

INSURANCE AGENCY

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: 100 OTTAWA AVE SW

City or Town: GRAND RAPIDS State: MI Zip: 49503 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 100 OTTAWA AVE SW

City or Town: <u>GRAND RAPIDS</u> State: <u>MI</u> Zip: <u>49503</u> Country: <u>USA</u>

ARTICLE XI

The limited liabilty company is to be managed by its ___ Members* or ___X_ Managers (check one)

* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.

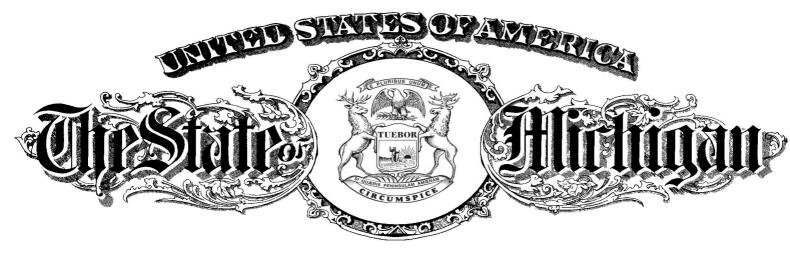
The name and address of each manager:

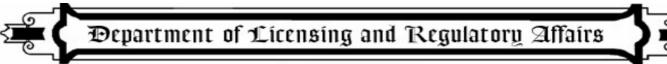
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	COURTNEY KOLENDA	100 OTTAWA AVE SW GRAND RAPIDS, MI 49503 USA

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 27 Day of September, 2024 at 1:34:14 PM by the Authorized Person.

COURTNEY KOLENDA
Form No. 450 Revised 09/07
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Lansing, Michigan

This is to Certify That

ACRISURE LOSS CONTROL SOLUTIONS, LLC

was validly authorized on August 13, 2024, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 24090389704

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of September, 2024.

Linda Clega Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.