

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL 7-16-4 applies for a Certificate of Registration to purpose submits the following statement	 the undersigned foreign limited transact business in the State 	of Rhode Island, and for that	
1. The name of the limited liability compa	any is:		
DPL FINANCIAL PARTNER	RS, LLC		·
Is this company organized in its state or	country of formation as a low-	profit limited liability company?	Yes No 🗸
The name, if different, under which it pro	pposes to register and transact	business in Rhode Island is.	
2 The LLC is organized under the laws	of Delaware		
3 The date of its organization is 11/5	/2014		
And the period of its duration is CHECH	K ONE BOX ONLY	·	
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident	t agent/office in Rhode Island is	<u> </u>	
Agent Name Business Filings Incom	porated		
Street Address (NOT a P.O. Box) 450 V	eterans Memorial Parkwa	By, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it prop	poses to pursue in the transact	ion of business in Rhode Island	are
Insurance Agent			
		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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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:			
1906 Stanley Gault Pkwy, Louisville, Kentucky 40223			
8. The mailing address for the limited liability company is:			
1906 Stanley Gault Pkwy, Louisville, Kentucky 40223			
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY			
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.			
MANAGER(S) NAME	ADDRESS		
	Check the box to indicate an attachment		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 ,		
DPL FINANCIAL PARTNERS, LLC	10/8/2024		
Signature of Authorized Person	, , , , , , , , , , , , , , , , , , , ,		
Daroten.	David Peter Lau, Member		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DPL FINANCIAL PARTNERS, 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 NINTH DAY OF DECEMBER, A.D. 2024.

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

Authentication: 205073016

Date: 12-09-24