Fee: $310.00

State of Rhode Island
Office of the Secretary of State

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 Fairbanks Insurance Brokers Inc

SECTION II

It is incorporated under the laws of State: CA 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 6/3/2013

and the period of its duration is X Perpetual __

SECTION V

The location of its principal office is

No. and Street: 7545 IRVINE CENTER DRIVE, SUITE 200
City or Town: IRVINE State: CA Zip: 92130 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BLVD, 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 URS AGENTS, LLC

SECTION VII

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

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	JASON H. FAIRBANKS	7545 IRVINE CENTER DRIVE, SUITE 200 IRVINE, CA 92618 USA
DIRECTOR	JASON H. FAIRBANKS	7545 IRVINE CENTER DRIVE, SUITE 200 IRVINE, CA 92618 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	JASON H. FAIRBANKS	7545 IRVINE CENTER DRIVE, SUITE 200 IRVINE, CA 92618 USA
DIRECTOR	JASON H. FAIRBANKS	7545 IRVINE CENTER DRIVE, SUITE 200 IRVINE, CA 92618 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 *Num of Shares*	
CWP			$0.0100	100.00

Signed this 25 Day of February, 2025 at 2:07:29 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 DOUGLAS F WALTERS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	FAIRBANKS INSURANCE BROKERS INC.
Entity No.:	3575618
Registration Date:	06/03/2013
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 18, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 296977341

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

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:

February 25, 2025 02:05 PM

Gregg M. Amore
Secretary of State