



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 Onda Insurance Services, Inc.

SECTION II

It is incorporated under the laws of State: MD 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 12/20/2023

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 8865 STANFORD BOULEVARD, SUITE 202

City or Town: COLUMBIA

State: MD

Zip: 21045

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE

State: RI

Zip: 02903

and the name of its proposed registered agent in Rhode Island at that address is CORPORATE CREATIONS NETWORK INC.

SECTION VII

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

INSURANCE SERVICE AND DISTRIBUTION

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	CHRISTOPHER RAAB	8865 STANFORD BOULEVARD, SUITE 202 COLUMBIA, MD 21045 USA
SECRETARY	KATHERINE SCHULZE	8865 STANFORD BOULEVARD, SUITE 202 COLUMBIA, MD 21045 USA
DIRECTOR	CHRISTOPHER RAAB	8865 STANFORD BOULEVARD, SUITE 202 COLUMBIA, MD 21045 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	CHRISTOPHER RAAB	8865 STANFORD BOULEVARD, SUITE 202 COLUMBIA, MD 21045 USA
SECRETARY	KATHERINE SCHULZE	8865 STANFORD BOULEVARD, SUITE 202 COLUMBIA, MD 21045 USA
DIRECTOR	CHRISTOPHER RAAB	8865 STANFORD BOULEVARD, SUITE 202 COLUMBIA, MD 21045 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			\$0.0000	100,000.00

Signed this 13 Day of March, 2025 at 12:16:12 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 CHRISTOPHER RAAB

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved

STATE OF MARYLAND
Department of Assessments and Taxation

I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ONDA INSURANCE SERVICES, INC. (D24628919), INCORPORATED DECEMBER 20, 2023, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 28, 2025.



Daniel K. Phillips
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: `ezcyXo5n7EqWTtW68PYoSQ`
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>