



**State of Rhode Island**  
**Department of State - Business Services Division**

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## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| 1. The name of the corporation is:<br><br>Surety360, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                   |
| 2. It is incorporated under the laws of:<br><br>Missouri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                   |
| 3. The name, if different, which it elects to use in Rhode Island is:<br><br>(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:<br><br>(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: |                       |                   |
| 4. The date of its incorporation is: 11/26/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                   |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Perpetual (on-going)<br>Date certain for dissolution _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                   |
| 5. The address of its principal office is:<br><br>803 E. Walnut St., 5th Floor, Columbia, MO 65201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                   |
| 6. The name and address of the initial registered agent/office in Rhode Island:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                   |
| Agent Name National Registered Agents, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                   |
| Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                   |
| City/Town<br>East Providence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State<br>RHODE ISLAND | Zip Code<br>02914 |

### MAIL TO:

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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

Operate as a wholesale surety producer.

8. (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):

| NAME           | ADDRESS |
|----------------|---------|
| SEE ATTACHMENT |         |
|                |         |
|                |         |
|                |         |

Check the box to indicate an attachment ☒

8. (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):

| OFFICE         | NAME           | ADDRESS |
|----------------|----------------|---------|
| PRESIDENT      | SEE ATTACHMENT |         |
| VICE PRESIDENT |                |         |
| TREASURER      |                |         |
| SECRETARY      |                |         |

Check the box to indicate an attachment ☒

9. 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:

| NUMBER OF SHARES | CLASS  | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------|--------|---------------------------------|
| 1,000            | Common |        | \$0.010000                      |
|                  |        |        |                                 |
|                  |        |        |                                 |
|                  |        |        |                                 |

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.5 \_\_\_\_\_ %

**Surety360, Inc.**  
**Officer and Director Attachment**

**Officers:**

Joshua K. Kayser, President  
803 E. Walnut St., 5th Fl.  
Columbia, MO 65201

Jonathon Lee, Vice President & Treasurer  
13403 Northwest Fwy.  
Houston, TX 77040

Alexander Ludlow, Vice President & Secretary  
13403 Northwest Fwy.  
Houston, TX 77040

Adam S. Pessin, Vice President  
801 S. Figueroa St. Suite 700  
Los Angeles, CA 90017

Frank M. Mester, Vice President  
801 S. Figueroa St. Suite 700  
Los Angeles, CA 90017

Jennifer Guppy, Vice President & Assistant Secretary  
13403 Northwest Fwy.  
Houston, TX 77040

Lakshmi Krishnan, Vice President  
13403 Northwest Fwy.  
Houston, TX 77040

**Directors:**

Adam S. Pessin  
801 S. Figueroa St. Suite 700  
Los Angeles, CA 90017

Susan Rivera  
13403 Northwest Fwy.  
Houston, TX 77040

Michael J. Shell  
13403 Northwest Fwy.  
Houston, TX 77040

12. 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 this filing.

13. Date when the Certificate of Authority 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) \_\_\_\_\_

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Kara Korosec, Attorney-in-Fact

Date

02/20/2025

Signature of Authorized Officer of the Corporation

*Kara Korosec*

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](mailto:corporations@sos.ri.gov).

# STATE OF MISSOURI



**Denny Hoskins**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

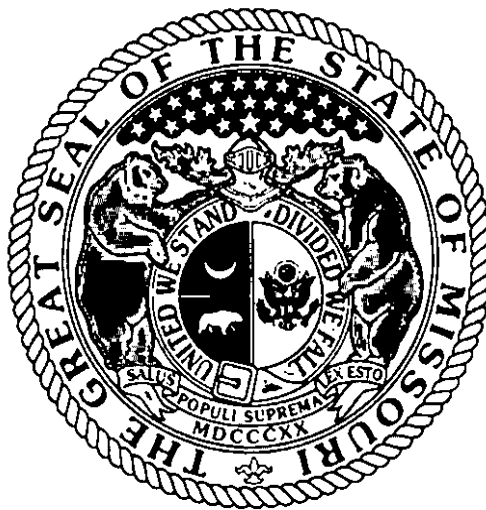
I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***SURETY360, INC.***  
***001650250***

was created under the laws of this State on the 26th day of November, 2024, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of February, 2025.

*Denny Hoskins*  
Secretary of State



Certification Number: CERT-02192025-0024



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:

March 18, 2025 02:36 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

