

State of Rhode Island Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIDGS BSD 25 WEY 15 PK2:47:19

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X				
Rhode Island is:				
And the period of its duration is: CHECK ONE BOX ONLY				
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
02914				
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Insurance Producer & Servicer of Medicare Advantage Policies				
•				
eck the box to indicate an attachment				
	Rhode Island is: ()2914 ess in Rhode Island are:			

MAIL TO:

ngo 114 3634 Braham Villian Oelien

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 15 2025 BY M Q Q X

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:			
222 W. Merchandise Mart Plaza, Suite 1750, Chicago, IL 60654			
8. The mailing address for the limited liability company is:			
222 W. Merchandise Mart Plaza, Suite 1750, Chicago, IL 60654			
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	
	Brendan Shanahan	222 W. Merchandise Mart Plaza, Suite 1750 Chicago, IL 60654	
	Vijay Kotte	222 W. Merchandise Mart Plaza, Suite 1750 Chicago, IL 60654	
	······································	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			
X 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		
Blue GH Holdings, LLC	05/14/2025		
Signature of Authorized Person Aug Lorosec Kara Korosec, Attorney-in-Fact			

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Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "BLUE GH HOLDINGS, 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 TWELFTH DAY OF MAY, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State

C. B. Sanchez

Authentication: 203667693

Date: 05-12-25