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 UNISYN CORPORATION

SECTION II

It is incorporated under the laws of State: MT 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 8/4/2025

and the period of its duration is **X** Perpetual ___

SECTION V

The location of its principal office is

No. and Street: 111 N. HIGGINS, STE. 600
City or Town: MISSOULA State: MT Zip: 59802 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BLVD.
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is COGENCY GLOBAL INC.

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
INSURANCE AGENCY AND PRODUCER FOR PROPERTY AND CASUALTY INSURANCE.

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	DAVID A. BELL	2527 MOUNTAIN WOOD DR. MISSOULA, MT 59808 USA
SECRETARY	BRADLEY D. DANTIC	4019 BELLECREST DR. MISSOULA, MT 59801 USA
CFO	SARA D. SMITH	2405 39TH ST. MISSOULA, MT 59803 USA
VICE PRESIDENT	CHRIS L. NEWBOLD	3228 CUMMINS WAY MISSOULA, MT 59802 USA
DIRECTOR	DAVID A. BELL	2527 MOUNTAIN WOOD DR. MISSOULA, MT 59808 USA
DIRECTOR	CHRIS L. NEWBOLD	3228 CUMMINS WAY MISSOULA, MT 59802 USA
DIRECTOR	SARA D. SMITH	2405 39TH ST. MISSOULA, MT 59803 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	DAVID A. BELL	2527 MOUNTAIN WOOD DR. MISSOULA, MT 59808 USA
SECRETARY	BRADLEY D. DANTIC	4019 BELLECREST DR. MISSOULA, MT 59801 USA
CFO	SARA D. SMITH	2405 39TH ST. MISSOULA, MT 59803 USA
VICE PRESIDENT	CHRIS L. NEWBOLD	3228 CUMMINS WAY MISSOULA, MT 59802 USA
DIRECTOR	DAVID A. BELL	2527 MOUNTAIN WOOD DR. MISSOULA, MT 59808 USA
DIRECTOR	CHRIS L. NEWBOLD	3228 CUMMINS WAY MISSOULA, MT 59802 USA
DIRECTOR	SARA D. SMITH	2405 39TH ST. MISSOULA, MT 59803 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*	
CNP		A	$0.0000	100,000.00

Signed this 15 Day of August, 2025 at 9:27:18 AM 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 BRADLEY D. DANTIC, SECRETARY AND CHIEF LEGAL OFFICER
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

MONTANA

SECRETARY OF STATE

CERTIFICATION OF COPIES

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, certify that the copies being provided for 16738935, are a true and correct copy of the document(s) filed with this office for

UNISYN CORPORATION.

The Secretary of State's office does not certify the legal sufficiency of the substance of the certified copies provided and disclaims any and all or liability arising from or as a result of the substantive information provided in each copy.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 13th day of August, 2025

Christi Jacobsen
Montana Secretary of State

Certificate Number: 79206425

MONTANA SECRETARY OF STATE

August 4, 2025

Bradley Dantic
bdantic@alpsinsurance.com

CERTIFICATION LETTER

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that

UNISYN CORPORATION

filed its Articles of Incorporation for Domestic Profit Corporation with this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

Certified File Number: D1555784 - 16738935
Effective Date: August 4, 2025

You must maintain a Registered Agent for your company. Failure to do so will subject the business to administrative dissolution/revocation. Your company's annual report is due by April 15th of the next year and each consecutive year thereafter.

Thank you for being a valued member of the Montana business community. I wish you continued success in your endeavors.

Christi Jacobsen
Montana Secretary of State

STATE OF MONTANA

SECRETARY OF STATE

ARTICLES OF INCORPORATION FOR DOMESTIC PROFIT CORPORATION

STATE OF MONTANA
-FILED-
SECRETARY OF STATE
File Number: 16738935
Date Filed: 8/4/2025 1:49:37 PM

Filing Fees & Processing Options

Fees and Processing Options	24 Hour Processing - $55.00 - Processed within 1 business day

Filing Effective Date

The corporation will be effective:	when filed with the Secretary of State

Corporate Type

Corporation Type	General For Profit Corporation

Corporate Name

Entity name	UNISYN CORPORATION

Term

Term Expiration	Perpetual / Ongoing

Business Purpose

Purpose

Business Mailing Address of Principal Office

☒ Add Postal Address

Address

BRADLEY D. DANTIC
PO BOX 9169
MISSOULA, MT 59807-9169

Business Physical Address of Principal Office

☒ Add Physical Address

Address

BRADLEY D. DANTIC
111 N. HIGGINS, STE. 600
MISSOULA, MT 59802

Shares

Share Type	Series	Shares Authorized	Shares Issued	Share Par Value
Common	Class A	1,000,000	0	1.00

Registered Agent In Montana

Registered Agent

BRADLEY D DANTIC
Non-Commercial Registered Agent
Agent Number
RA00236389
Email Address
bdantic@alpsinsurance.com
Website
Physical Address
111 N HIGGINS AVE
STE 600
MISSOULA, MT 59802-4494
Mailing Address
PO BOX 9169
MISSOULA, MT 59807-9169

☒ The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.

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Incorporators

Name Of Individual Or Business Entity	Business Mailing Address	Email Address
ALPS CORPORATION Domestic Profit Corporation File Number D070611	111 N. HIGGINS, STE. 600 MISSOULA, MT 59802	bdantic@alpsinsurance.com

Directors

Full Name	Business Mailing Address	Position	Email Address
None Entered			

Officers

Full Name	Business Mailing Address	Position	Email Address
None Entered			

Declarations

☒ I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.

☒ I have been authorized by the business entity to file this document online.

☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

Attorney in Fact	*ALPS CORPORATION*	*Bradley D. Dantic*	*08/04/2025*
Signer's Capacity	On behalf of	Sign Here	Date

Position: Incorporator

Daytime Contact

Phone Number: (406) 396-3003

Email: bdantic@alpsinsurance.com

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MONTANA SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that:

UNISYN CORPORATION

duly filed its Articles of Incorporation for Domestic Profit Corporation in this office on August 4, 2025, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 13th day of August, 2025.

Christi Jacobsen
Montana Secretary of State

Certificate Number: 79206223

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:

August 15, 2025 09:24 AM

Gregg M. Amore
Secretary of State