

**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 Ideal Producers Group, Inc.**SECTION II**It is incorporated under the laws of State: KS 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 10/28/2008and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 6710 W 121ST STREET  
SUITE 200City or Town: OVERLAND PARK State: KS Zip: 66209 Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON  
SUITE 200City or Town: WAWICK State: RI Zip: 02888and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY**SECTION VII**

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

INSURANCE AGENCY**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	KAREN ESSARY	6710 W. 121ST STREET, #200 OVERLAND PARK, KS 66209 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	KAREN ESSARY	6710 W. 121ST STREET, #200 OVERLAND PARK, KS 66209 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			\$1.0000	1,000.00

Signed this 27 Day of August, 2025 at 4:26:00 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 KAREN ESSARY  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

STATE OF KANSAS  
OFFICE OF SECRETARY OF STATE  
  
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 4253233

Business Name: IDEAL PRODUCERS GROUP, INC.

Type: Domestic For-Profit Corporation

Jurisdiction: Kansas

was filed in this office on October 28, 2008, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:  
I affix my official certification seal.  
Done at the City of Topeka,  
on this day August 27, 2025.

SCOTT SCHWAB  
KANSAS SECRETARY OF STATE

Certification Number: 602296-20250827 To verify the validity of this certificate please visit  
<https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspx> and enter certificate number.



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 27, 2025 04:24 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

