



**State of Rhode Island
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: INP Specialty LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: DE Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: 3/12/2024

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE

State: RI Zip: 02903

Name: CORPORATE CREATIONS NETWORK INC.

Article VII

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

NON-RESIDENT INSURANCE AGENCY FOR PROFIT

ARTICLE VIII

The Rhode Island 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 16192 COASTAL HWY

City or Town: LEWES

State: DE

Zip: 19958

Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 430 PARK AVENUE 19TH FLOOR

City or Town: NEW YORK

State: NY

Zip: 10022

Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members* or X Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	NATHAN TRIMBLE	430 PARK AVENUE 19TH FLOOR NEW YORK, NY 10022 USA

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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 2 Day of September, 2025 at 10:50:59 AM by the Authorized Person.

NATHAN TRIMBLE

Form No. 450
Revised 09/07

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Delaware

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Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INP SPECIALTY 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INP SPECIALTY LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2024.

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



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SR# 20253809179

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204594657

Date: 08-27-25