

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: Wealthvest 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: <u>DE</u> Country: <u>USA</u>

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: 10/1/2025

ARTICLE IV

The date of its organization is: 7/11/2025

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: 222 JEFFERSON BLVD

SUITE 200

City or Town: WARWICK State: RI Zip: 02888

Name: INCORP SERVICES, INC.

Article VII

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

WHOLESALING INSURANCE PRODUCTS AND STRUCTURED PRODUCTS

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: <u>8 THE GREEN</u>

STE A

City or Town: DOVER State: DE Zip: 19901 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: <u>2485 MANLEY RD</u>

City or Town: BOZEMAN State: MT Zip: 59715 Country: USA

ARTICLE XI

The limited liabilty company is to be managed by its $\underline{\hspace{0.1cm}}$ Members* or $\underline{\hspace{0.1cm}}$ 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	LINCOLN COLLINS	2485 MANLEY RD BOZEMAN, MT 59715 USA
MANAGER	WADE DOKKEN	2485 MANLEY RD BOZEMAN, MT 59715 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 11 Day of September, 2025 at 5:26:01 PM by the Authorized Person.

LINCOLN COLLINS

Form No. 450
Revised 09/07

All Rights Reserved

Page 1

<u>Delaware</u>

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "WEALTHVEST LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE ELEVENTH DAY OF JULY, A.D. 2025, AT 11:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "WEALTHVEST LLC".



Charuni Patibanda-Sanchez, Secretary of State

C. B. Sanchez

10257473 8100H SR# 20253663426

Authentication: 204497343 Date: 08-18-25

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

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEALTHVEST 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 EIGHTEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEALTHVEST LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2025.

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

10257473 8300 SR# 20253663426

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

C. B. Sanchen

Charuni Patibanda-Sanchez, Secretary of State Authentication: 204471846

Date: 08-18-25

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

- 1. The name of the limited liability company is Wealthvest LLC.
- 2. The Registered Office of the limited liability company in the State of Delaware is located at 8 The Green STE A (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is A Registered Agent, Inc.

Ву:

Authorized Person

Name: Charles J Cook, Attorney in Fact

Print or Type