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To:

Division of Corporations

Email Address:____

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company RISK SOLUTIONS INTERNATIONAL LLC

Certificate of Status	0
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Page Count	04
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Help



The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scottsdale, AZ 85260 City/State and Zip Code contact@rsi-lle.com E-mail address: (to be used for future annual report notification) reinformation concerning this matter, please call: Austin Bandoian Name of Contact Person Area Code Daytime Telephone Numb Mailing Address: Registration Section Division of Corporations P.O. Box 6327 City/State and Zip Code Registration Section Division of Corporations The Centre of Tallahassee		Name of Person	
Firm/Company 14747 N. Northsight Blvd., Suite 111-125 Address City/State and Zip Code contact@rsi-lle.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Austin Bandolan Name of Contact Person Area Code Daytime Telephone Numb Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		SEGR TAL	
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Registration Section Registration Section Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	Name of Contact Person	Area Code Daytime Telephone Number	
P.O. Box 6327 The Centre of Tallahassee			
Fallahassee, FL 32314 2415 N. Monroe Street, Suite 810		•	
Tallahassee, FL 32303	Tallahassee, FL 32314		

3/005

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Risk Solutions International LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." of "LLC." (if name unavailable, enter alternate name adopted for the purpose of transferring hustiness in Fibrida. The alternate name most include "Limited Liability Computing," "L.L.C." or "L.C.". Delaware Unrecliented under the law of which freeign tionied liability analysis organized: (FII mitmber, if an 14747 N. Northsight Blvd. 14747 N. Northsight Blvd. (State! Address of Principal Office) Suite 111-125 Suite 111-125 Scottsdale, AZ 85260 Scottsdale, AZ 85260 7. Name and affect address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited Hability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company Ву: (Registered agent's signeture)

S. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
#Manager	Name: Duane Lohn	⊞ Manager	Name: Scott Corzine	
[[]Member	Address:	⊞Member	Address: 300 Queen St.	
□Authorized	Scottsdale, AZ 85260	□ Authorized	Alexandria, VA 22314	
Person		Person	<u> </u>	
□Other	Other	[]Other	7.05 J. 7	
[]Manager	Name:	II Manager	Name: Sept.	
□Member	Address:	□Member	Addiress:	
□Authorized		□ Authorized	- 50 - 50	
Person		Person		
		[[Other		
∭Manager	Name:	□Menager	Name:	
∏Member	Address:	□ Member	Address:	
ClAuthorized		□Authorized		
Person		Person		
[]Other		OOther		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S.

Signature of an authorized person

Duane Lohn

Typed or printed name of signer

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISK SOLUTIONS INTERNATIONAL 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 THIRTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISK SOLUTIONS INTERNATIONAL LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEM A.D. 2016.

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

Authentication: 202282484

Date: 01-13-21

6150632 8300 SR# 20210105100