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Elaine F. Marshall
North Carolina Secretary of State
C2018 140 00133

State of North Carolina
Department of the Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is The Insurance Centers, LLC;

   and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is _____

2. The state or country under whose laws the limited liability company was formed is Delaware

3. Principal office information: (*Select either a or b.*)

   a. ☒ The limited liability company has a principal office.

   The principal office telephone number: 919.662.9013

   The street address and county of the principal office of the limited liability company is:

   Number and Street: 705 Umstead Lane

   City: Garner State: NC Zip Code: 27529 County: Wake

   The mailing address, ***if different from the street address***, of the principal office of the corporation is:

   Number and Street: _____

   City: _____ State: _____ Zip Code: _____ County: _____

   b. ☐ The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: Wilson Olivera

5. The street address and county of the registered agent's office in the State of North Carolina is:

   Number and Street: 705 UMSTEAD LANE

   City: GARNER State: NC Zip Code: 27529 County: WAKE

6. The North Carolina mailing address, ***if different from the street address***, of the registered agent's office in the State of North Carolina is:

   Number and Street: _____

   City: _____ State: NC Zip Code: _____ County: _____

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7. The names, titles, and usual business addresses of the current company officials of the limited liability company are: *(use attachment if necessary) (This document must be signed by a person listed in item 7.)*

Name and Title	***Business Address***
[redacted]	[redacted]
WILSON OLIVERA	705 UMSTEAD LANE STE-200 GARNER NC 27529

8. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. **The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.**

9. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

10. (Optional): Please provide a business e-mail address: **Privacy Redaction**
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided **will not** be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

11. This application will be effective upon filing, unless a delayed date and or time is specified: _____.

This the 20 day of May, 2018

The Insurance Centers, LLC
Name of Limited Liability Company

Signature of Company Official

[redacted] Wilson Olivera President
Type or Print Name and Title

Notes:
1. **Filing fee is $250**. This document must be filed with the Secretary of State.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE INSURANCE CENTERS, 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 FOURTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE INSURANCE CENTERS, LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2018.

Jeffrey W. Bullock, Secretary of State

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SR# 20184324929

Authentication: 202814893

Date: 06-04-18

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