

State of Idaho

Office of the Secretary of State

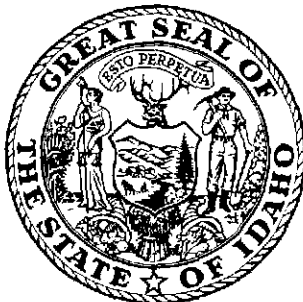
**CERTIFICATE OF REGISTRATION
OF
BROADWAY INSURANCE GROUP LLC**

File Number W 159265

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 7, 2015



Lawrence Denney
SECRETARY OF STATE

By *Beatty*

Title 30, Chapter 21, Idaho Code

Complete and submit the form in duplicate.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: BROADWAY INSURANCE GROUP LLC

2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name.)

3. Select the type of entity you wish to register:

☐ Business Corporation ☐ General Partnership

☐ Nonprofit Corporation ☐ General Cooperative Association

☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)

☒ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: ARNOLD MISSOURI
(Provide the domestic jurisdiction where the entity was formed.)

5. The address of its principal office is:

12166 OLD BIG BEND STE 210 KIRKWOOD MO 63122
(Street Address) (City) (State) (Zipcode)

_____ _____ _____ _____
(Mailing Address, if different) (City) (State) (Zipcode)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

_____ _____ _____ _____
(Street Address) (City) (State) (Zipcode)

_____ _____ _____ _____
(Mailing Address, if different) (City) (State) (Zipcode)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

_____ _____ _____ _____
(City) (State) (Zipcode)

8. Name and street address of registered agent in Idaho:

IDAHO DEPARTMENT OF INSURANCE DIRECTOR DEAN L. CAMERON 700 W STATE FL 3 BOISE ID 83702
(Name) (Address) (City) (State) (Zipcode)

9. The name, capacity, and mailing address of at least one governor:

MATT GREAVES OWNER 12166 OLD BIG BEND STE 210 KIRKWOOD MO 63122
(Name) (Capacity) (Address) (City) (State) (Zipcode)

_____ _____ _____ _____ _____ _____
(Name) (Capacity) (Address) (City) (State) (Zipcode)

Signature:

May 1968

Secretary of State use only

12/07/2015 05:00

CK:1633 CT:317563 BH:1503055

10 100.00 = 100.00 FOR REG ST #2

W159265

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Broadway Insurance Group LLC
LC0915254

was created under the laws of this State on the 21st day of August, 2008, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of December, 2015.


Secretary of State



Certification Number: CERT-12022015-0010