

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in <u>duplicate</u>.

For Office Use Only

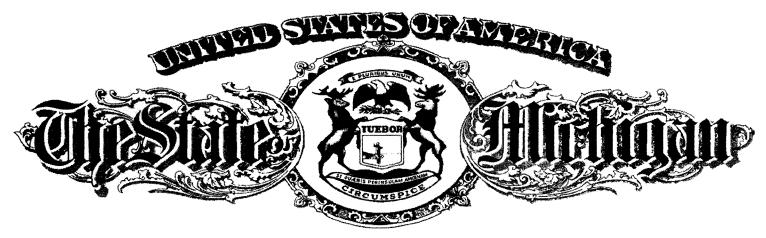
-FILED-

File #: 0003347662

Date Filed: 11/13/2018 12:20:00 PM

| 1. | The name of the entity is: DGA | A Insurance Servi | ces, LLC | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------|--|
| 2. 3. | The name which it shall use in | I Nonprofit Corporation □ General Cooperative Association I Limited Liability Partnership □ Limited Partnership (Including a limited liability limited partnership | | | |
| | Other:(Use "Other" only if your f | (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.) | | | |
| 4. | Jurisdiction of formation: Michigan (Provide the domestic jurisdiction where the entity was formed) | | | | |
| 5. | The address of its principal office is: 5664 Prairie Creek Drive, Caledonia, MI 49316 (Street Address) | | | | |
| | (Mailing Address, if different) | | | | |
| 6. | The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | |
| | (Street Address) | | | | |
| | (Mailing Address, if different) | | | | |
| 7. | The mailing address to which correspondence should be addressed, if different from item 5, is: | | | | |
| | (Address) | | | | |
| 8. | The name of the registered agent and street address of registered agent in Idaho: | | | | |
| | Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713 | | | | |
| | (Name) (Address) | | | | |
| 9. | The name, capacity, and mailin | The name, capacity, and mailing address of at least one governor: | | | |
| | Acrisure MGA, LLC | Manager | 5664 Prairie Creek Drive, Caledonia, MI 49316 | | |
| | (Name) | (Capacity) | (Address) | | |
| | (Name) | (Capacity) | (Address) | | |
| | | | | | |
| | | | | Aino a | |
| Signature: Octem C. Reed | | | | rate n: | |
| Typed Name: Adam C. Reed | | | | ج و ق | |
| | Capacity: Manager | | | Secretary of State use only | |
| | | | | " | |

Rev. 11/2015



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DGA INSURANCE SERVICES, LLC

was validly authorized on August 16, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18119100140

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of November, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.