

State of Idaho

Office of the Secretary of State

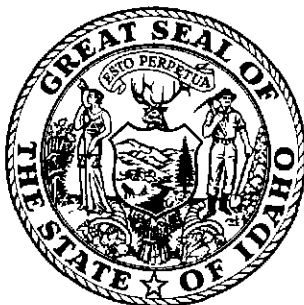
**CERTIFICATE OF REGISTRATION
OF
YORK ALTERNATIVE RISK SOLUTIONS, LLC**

File Number W 200743

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: April 16, 2018



Lawrence Denney
SECRETARY OF STATE

By _____

John L. Davis



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 APR 16 AM 11:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: York Alternative Risk Solutions, 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:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here)	
4. Jurisdiction of formation: Ohio
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
131 Prosperous Place Suite 18-B Lexington KY 40509
(Street Address)
1 Upper Pond Road Bldg F 4th flr Parsippany NJ 07054
(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:
1 Upper Pond Road Bldg F 4th flr Parsippany NJ 07054
(Address)
8. Name and street address of registered agent in Idaho:
Corporation Service Company 12550 W. Explorer Dr. S. 100 Boise ID 83713
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Michael Krawitz</u>	<u>Member</u>	<u>1 Upper Pond Road Bldg F 4th flr. Parsippany NJ 07054</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Michael Krawitz

XX Signature: _____

Capacity: Member

Secretary of State use only

IDAHO SECRETARY OF STATE

04/16/2018 05:00

CK:10114331 CT:276472 BH:1638569
1@ 100.00 = 100.00 FOR REG ST #2

W 200743

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show YORK ALTERNATIVE RISK SOLUTIONS, LLC, an Ohio Limited Liability Company, Registration Number 1044114, was organized within the State of Ohio on November 18, 1998, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of April, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201810004238