

State of Idaho

Office of the Secretary of State

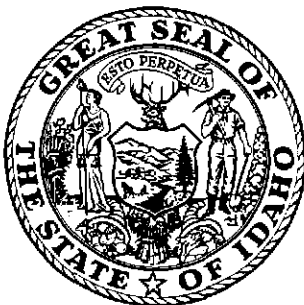
**CERTIFICATE OF REGISTRATION
OF
SMB INSURANCE LLC**

File Number W 206070

I, LAWRENCE 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: July 23, 2018



Lawrence Denney
SECRETARY OF STATE

By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 JUL 23 AM 10:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: SMB INSURANCE 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 <u>not</u> 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:
100 E BROAD STREET FLOOR 15, COLUMBUS, OH 43215
(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:
100 E BROAD STREET FLOOR 15, COLUMBUS, OH 43215
(Street Address)

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

(Address)
8. Name and street address of registered agent in Idaho:
Paracorp Incorporated 921 South Orchard Street, Suite G, Boise, ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>MICHAEL CHAPMAN</u>	<u>MANAGER</u>	<u>100 E BROAD STREET FLOOR 15, COLUMBUS, OH 43215</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

IDAHO SECRETARY OF STATE

07/23/2018 05:00

CK:15662 CT:188999 BH:1654935
1@ 100.00 = 100.00 FOR REG ST #2

Secretary of State use only

Typed Name: MICHAEL CHAPMAN

Signature: _____

Capacity: MANAGER

W 206070

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 SMB INSURANCE LLC, an Ohio For Profit Limited Liability Company, Registration Number 4004149, was organized within the State of Ohio on March 15, 2017, 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 July, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201819102670