



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

**-FILED-**

File #: 0004145901

Date Filed: 1/27/2021 11:39:00 AM

1. The name of the entity is: AcriRock, 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: MI  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
100 Ottawa Ave SW, Grand rapids, MI 49503  
(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. Name and street address of registered agent in Idaho:  
Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:  

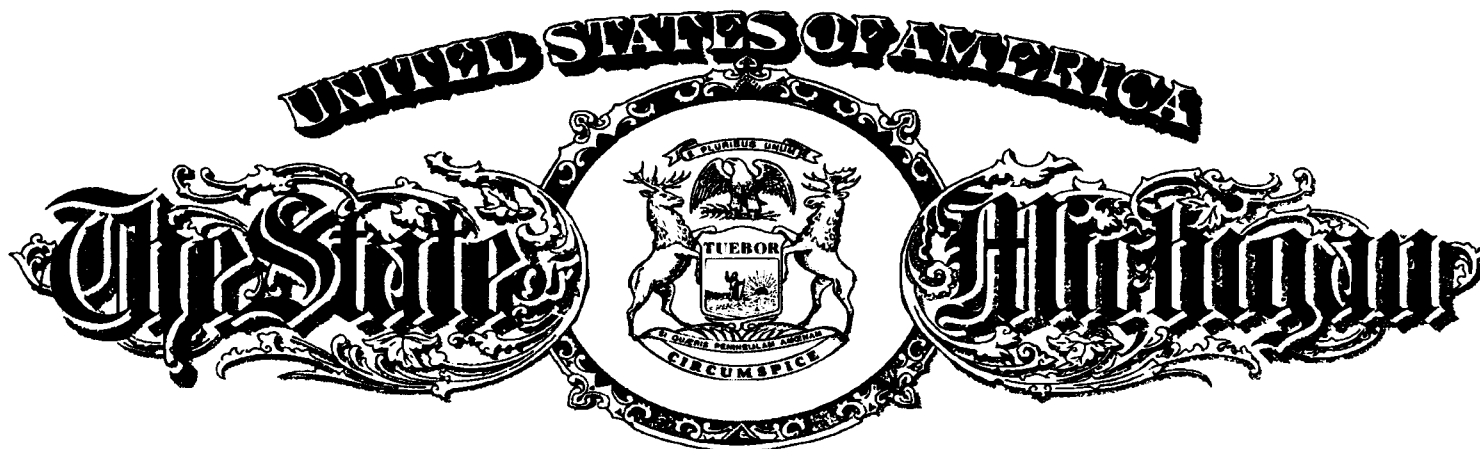
<u>Acrisure, LLC</u>	<u>Manager</u>	<u>100 Ottawa Ave SW, Grand Rapids, MI 49503</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Courtney Kolenda

Signature:

Capacity: Vice President of Manager, Acrisure, LLC



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

This is to Certify That  
**ACRIROCK, LLC**

was validly authorized on November 13, 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: 21010630007

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 25th day of January, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau