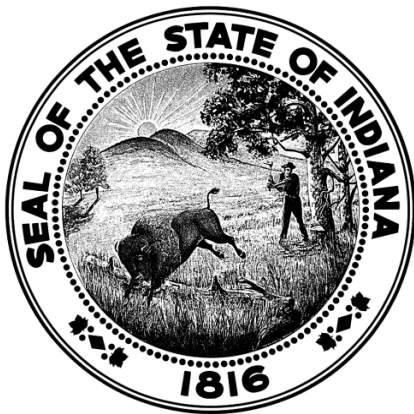


State of Indiana
Office of the Secretary of State

Certificate of Registration of Limited Liability Partnership
of
ALTMAYER RODRIGUEZ INSURANCE SEGURO LLP

I, CONNIE LAWSON, Secretary of State, hereby certify that a Registration of Limited Liability Partnership of the above Domestic Limited Liability Partnership has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Uniform Partnership Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective
Wednesday, December 06, 2017.



In Witness Whereof, I have caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, December 06, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201712061226807 / 7772185

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

ARTICLES OF REGISTRATION FOR A LIMITED LIABILITY PARTNERSHIP

Formed pursuant to the provisions of the Uniform Partnership Act

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 201712061226807
BUSINESS TYPE Domestic Limited Liability Partnership
BUSINESS NAME ALTMAYER RODRIGUEZ INSURANCE SEGURO LLP
PRINCIPAL OFFICE ADDRESS 420 White Pine Blvd, New Albany, IN, 47150, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

NAME Rick Altmeyer
ADDRESS 420 White Pine Blvd, New Albany, IN, 47150, USA

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION Perpetual
EFFECTIVE DATE 12/06/2017
EFFECTIVE TIME 01:09PM

ARTICLE IV - PRINCIPAL(S)

TITLE Limited Partner
NAME Roderick Altmeyer
ADDRESS 420 White Pine Blvd, New Albany, IN, 47150, USA

TITLE Limited Partner
NAME Nicole Rodriguez
ADDRESS 5431 Count Fleet Dr, Louisville, KY, 40272, USA

ARTICLE V - GENERAL INFORMATION

STATEMENT OF PURPOSE

Insurance Agency

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
12/06/2017 01:19 PM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY PARTNERSHIP PURSUANT TO THE PROVISIONS OF THE INDIANA UNIFORM PARTNERSHIP ACT, EXECUTE THIS REGISTRATION OF LIMITED LIABILITY PARTNERSHIP.

THE FILING OF THE REGISTRATION IS EVIDENCE OF THE PARTNERSHIP'S INTENTION TO ACT AS A LIMITED LIABILITY PARTNERSHIP.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **December 6, 2017**

SIGNATURE

Nicole Rodriguez

TITLE

Limited Partner

Business ID : 201712061226807

Filing No : 7772185