



03102901

**APPLICATION FOR REGISTRATION  
OF A FOREIGN LIMITED LIABILITY COMPANY**  
Pursuant to A.R.S. §29-802 et seq.

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "LLC," "L.C.," "LLC" or "LC". If you are the holder or assignee of a tradename, attach a copy of the tradename certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

1. The name of the foreign limited liability company is:  
BIN INSURANCE HOLDINGS, LLC
1. a. If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:  
(FN)
2. The company is organized under the laws of: Delaware  
(State)
3. The date of the company's formation is: 03/26/2010
4. The purpose of the company or the general character of business it proposes to transact in Arizona is:  
Any and all lawful business for which LLCs may be organized under the Delaware Code and as permitted under Arizona law, including, but not limited to, as an insurance agency
5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:  
CorpDirect Agents, Inc.  
2338 W. Royal Palm Road, Suite J  
Phoenix, AZ 85021

**ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT**

I, CorpDirect Agents, Inc., having been designated to act as  
(Print Name)  
statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

By Michelle Hobbs, Asst. Sec.  
Signature

CorpDirect Agents, Inc.

If signing on behalf of a company, print company name here

**AZ CORPORATION COMMISSION  
FILED**

LL-0005  
Rev. 10/2009

**APR 23 2010**

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Arizona Corporation Commission  
Corporations Division

FILE NO R-15987524

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated.

Your phone and fax numbers are optional.

6. Management Structure (select option A or B):  
A ☒ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: <u>Jared Scott Kaplan</u>	Name: _____
<input type="checkbox"/> member <input checked="" type="checkbox"/> manager	<input type="checkbox"/> member <input type="checkbox"/> manager
Address: <u>51 Madison Avenue, 31st Floor</u>	Address: _____
City, State, Zip: <u>New York, NY 10010</u>	City, State, Zip: _____
Name: _____	Name: _____
<input type="checkbox"/> member <input type="checkbox"/> manager	<input type="checkbox"/> member <input type="checkbox"/> manager
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

B ☐ Management of the limited liability company is reserved to the members.  
The names and addresses of each person who is a member are:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:  
51 Madison Avenue, 31st Floor, New York, NY 10010

Executed this 16 day of April, 2010

Signature: [Signature] Print Name (Check One) ☒ Member ☐ Manager ☐ Authorized Agent  
PHONE: 646-282-3386 FAX: 646-564-3370

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIN INSURANCE HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIN INSURANCE HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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100367589

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
AUTHENTICATION: 7922416

DATE: 04-09-10