

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed

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5/23/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

EMERGEPROS, LLC

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **12/11/2023** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

1301 Wazee St Ste 100, Denver, CO 80204

6. The name of the initial registered agent is

Kentucky Lenders Assistance, Inc.

and the street address of the entity's initial registered office in Kentucky is

828 Lane Allen Road, Lexington, KY 40504

7. The names and business addresses of the entity's representatives:

Member John Reid 1301 Wazee St, Ste 100, Denver, CO 80204

8. This entity is managed by **Members**.

9. This application will be effective on **Thursday, May 23, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Founder: John Reid**

I, **Pat Mann**, consent to sign for **Kentucky Lenders Assistance, Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, May 23, 2024.