

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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

OUTCROP AGENCY LLC

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

4. The date of organization is **7/26/2024** and the period of duration is **perpetual**.

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

939 Eastern Parkway, Louisville, KY 40217

6. The name of the initial registered agent is

Jamie W McGloin-King

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

939 Eastern Parkway, Louisville, KY 40217

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

Member Jamie W McGloin-King 939 Eastern Parkway, Louisville, KY 40217

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

9. This filing will be effective on **Tuesday, October 1, 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 **Member: /s/ Jamie W. McGloin-King**

I, **Jamie W McGloin-King**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, October 1, 2024.