

REVIEWED

By Alexa Royle at 8:38 am, 4/22/20

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/22/2020 9:14 AM
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation (KRS 271B) | <input type="checkbox"/> nonprofit corporation (KRS 273) | <input type="checkbox"/> professional service corporation (KRS 274) |
| <input type="checkbox"/> business trust (KRS 386) | <input checked="" type="checkbox"/> limited liability company (KRS 275) | <input type="checkbox"/> professional limited liability company (KRS 275) |
| <input type="checkbox"/> limited partnership (KRS 362) | <input type="checkbox"/> ltd cooperative assn. (KRS) | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> non-profit llc (KRS 275) | <input type="checkbox"/> cooperative assn. (KRS) | <input type="checkbox"/> unincorporated association |

2. The name of the entity is CorePRO Insurance, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Florida

5. The date of organization is 02/21/2008 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
76 South Laura Street, Suite 900 Jacksonville FL 32202
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is InCorp Services, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Melodee S. Dixon-COO/Secretary	76 South Laura Street, Suite 900	Jacksonville	Florida	32202
Name	Street or P.O. Box	City	State	Zip Code
Philip B. Ball - CEO	76 South Laura Street, Suite 900	Jacksonville	Florida	32202
Name	Street or P.O. Box	City	State	Zip Code
Marc Hammett - CFO	76 South Laura Street, Suite 900	Jacksonville	Florida	32202
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates: County: <u>Entire State</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

Melodee S. Dixon Melodee S. Dixon - COO 4/10/2020
Signature of Authorized Representative Printed Name & Title Date

I, _____, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Signature of Registered Agent	Printed Name	Title	Date
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