

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

ACRISURE LOSS CONTROL SOLUTIONS, LLC

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

4. The date of organization is **8/13/2024** and the period of duration is **perpetual**.

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

100 Ottawa Ave SW, Grand Rapids, MI 49503

6. The name of the initial registered agent is

Corporation Service Company

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

421 West Main Street, Frankfort, KY 40601

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

Manager	Courtney Kolenda	100 Ottawa Ave SW, Grand Rapids, MI 49503
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Organizer	Courtney Kolenda	100 Ottawa Ave SW, Grand Rapids, MI 49503
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Thursday, October 3, 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 **Manager: Courtney Kolenda**

I, **Jawann Latney**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Thursday, October 3, 2024.