

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1198207.06

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/23/2022 11:15 AM Fee Receipt: \$90.00

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

Certificate of Authority (Foreign Business Entity)

www.sos.ky.gov							
	provisions of KRS 14A - ose, submits the followi		ereby applies	for authority to transa	act business in Ker	ntucky on beha	alf of the entity named bel
1. The entity is a	: profit corpora	on nonprofit corporation professional limited liability compan				ability company	
	business trus	t X	limited liabi	lity company	statuto	ry trust	
	limited partne	rship	Itd coopera	tive association	other		
	non-profit IIc		professional	al service corporation			
2. The name of t				NCE WARRANTY S			
	· · · · · · · · · · · · · · · · · · ·	ame must be identical		on record with the	Secretary of State	.)	
3. The name of t	he entity to be used in h	Kentucky is (if applicable		ovide if "real name"	is unavailable for	r use: otherwi	se leave blank)
4. The state or co	ountry under whose law	the entity is organized i		Ovide ii Teal Haine	Illinois	use, otherwi	se, leave blank.)
	ganization is			and the period of du	ation is		
				,		duration is co	onsidered perpetual.)
6. The mailing a	ddress of the entity's pri 400 Skokie Bly			Morthbroa	ale.	п	60063
Street Address	400 Skokle biv	u. Suite 105		Northbroo	State		60062 Zip Code
	trees of the entity's region	stered office in Kentucky	ı ie	,			
7. The street auc	828 Lane Allen R	•	<i>,</i> 13	Lexingto	n KY		40504
Street Address (No P.O. Box Numbers			City		State	Zip Code
and the name of the registered agent at that office is				COGEN	ICY GLOBAL INC	· •	
8 The names an	nd husiness addresses (of the entity's representa	atives (secrets	ary officers and direct	ors managers true	stees or gener	al nartners).
		, ,	`	**	, ,		' '
Name	Gilfand	400 Skokie Blvd. S Street or P.O. Box	Suite 105	Northbroo	State	IL	60062 Zip Code
	ard Holland	400 Skokie Blvd.	Suite 105	Northbroo		IL	60062
Name		Street or P.O. Box		City	State		Zip Code
Name		Street or P.O. Box		City	State		Zip Code
Name		Street of F.O. Box		City	State		Zip Code
and treasurer are		e states or territories of t					ers other than the secreta vice described in the
10. I certify that, a	as of the date of filing th	is application, the above	e-named entity	y validly exists under	the laws of the juris	sdiction of its fo	ormation.
11. If a limited pa	rtnership, it elects to be	a limited liability limited	partnership.	Check the box if app	licable:		
12. If a limited lia	ability company, check	box if manager-manag	ged: 💌				
13. This application	on will/be effective upor	ı filing.					
	$\mathcal{A}(Y)$						
t with the second				Richard C. Holland			03/22/2022
Signature of Author	orized Rèpresentative			Printed Name & Titl	е		Date
	COGENICY OF	JRAL INC					
I,Type/Print Name	COGENCY GLO	ADAL ING.	, cor	nsent to serve as the r	egistered agent on	behalf of the l	business entity.
	5						
	/ SHANNON M. MADE			N M. MADDOX		SECRETARY	03/22/2022
Signature of Regis	tered Agent	Prir	nted Name		Title		Date



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ENDURANCE WARRANTY SERVICES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 05, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of MARCH A.D. 2022 .

Authentication #: 2208102996 verifiable until 03/22/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE