

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1374207.06
Michael G. Adams
Secretary of State
Received and Filed
6/25/2024 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

ENROLLMENT BENEFIT CONCEPTS, LLC

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

4. The date of organization is **2/7/2022** and the period of duration is **perpetual**.

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

7182 LIBERTY CENTRE DRIVE, # Q, West Chester Township, OH 45069

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 Avenue, SW, Grand Rapids, MI 49503
Organizer	Courtney Kolenda	100 Ottawa Avenue, SW, Grand Rapids, MI 49503
Manager	Acrisure LLC	100 Ottawa Avenue, SW, Grand Rapids, MI 49503
Organizer	Acrisure LLC	100 Ottawa Avenue, SW, Grand Rapids, MI 49503

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

9. This application will be effective on **Tuesday, June 25, 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, **Renee Patterson**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this

entity on Tuesday, June 25, 2024.

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