

**REVIEWED**

By tamsin.wade at 10:36 am, 2/1/23



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1258709.06**mmore  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 2/7/2023 2:57 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☒ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Amwins Insurance Brokerage, 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 North Carolina

5. The date of organization is 11/18/2004 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
4725 Piedmont Row Dr, Suite 600

<u>Street Address</u>	<u>Charlotte</u>	<u>NC</u>	<u>28210</u>
	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is

<u>306 W. Main Street, Suite 512,</u>	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
<u>Street Address (No P.O. Box Numbers)</u>	City	State	Zip Code

and the name of the registered agent at that office is C T Corporation System

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

<u>Michael Steven DeCarlo</u>	<u>4725 Piedmont Row Dr, St 600</u>	<u>Charlotte</u>	<u>NC</u>	<u>28210</u>
<u>Name</u>	<u>Street or P.O. Box</u>	City	State	Zip Code
<u>Scott M. Purviance</u>	<u>4725 Piedmont Row Dr, St 600</u>	<u>Charlotte</u>	<u>NC</u>	<u>28210</u>
<u>Name</u>	<u>Street or P.O. Box</u>	City	State	Zip Code
<u>Donna Hargrove -Secretary</u>	<u>4725 Piedmont Row Ste. 600</u>	<u>Charlotte</u>	<u>NC</u>	<u>28210</u>
<u>Name</u>	<u>Street or P.O. Box</u>	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.

	<u>Donna Hargrove -Secretary</u>	<u>01.18.2023</u>
Signature of Authorized Representative	Printed Name & Title	Date

I, C T Corporation System,  
Type/Print Name of Registered Agent, consent to serve as the registered agent on behalf of the business entity.

By:	<u>Stephen Rullis</u>	<u>VP &amp; Asst. Secy.</u>	<u>01.20.2023</u>
Signature of Registered Agent	Printed Name	Title	Date