

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1388314.06
Michael G. Adams
Secretary of State
Received and Filed
8/19/2024 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

KING RISK PARTNERS, LLC

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

4. The date of organization is **7/8/2021** and the period of duration is **perpetual**.

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

643 SW 4TH AVE SUITE 210, GAINESVILLE, FL 32601

6. The name of the initial registered agent is

URS AGENTS, LLC

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

306 WEST MAIN STREET SUITE 512, FRANKFORT, KY 40601

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

Manager	MALCOLM KING	643 SW 4TH AVE, SUITE 210, GAINESVILLE, FL 32601
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Organizer	MALCOLM KING	643 SW 4TH AVE, SUITE 210, GAINESVILLE, FL 32601
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Monday, August 19, 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**:

MALCOLM KING

I, **URS AGENTS, LLC**, consent to sign for **URS AGENTS, LLC** who serves as the Registered Agent on behalf of this entity on

Monday, August 19, 2024.

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