

REVIEWED

By tamsin.wade at 4:23 pm, 4/21/23

**COMMONWEALTH OF KENTUCKY**
MICHAEL G. ADAMS, SECRETARY OF STATE**1277215.06**mmore
ADDMichael G. Adams
Kentucky Secretary of State
Received and Filed:
4/25/2023 3:18 PM
Fee Receipt: \$90.00Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov**Certificate of Authority**
(Foreign Business Entity)**FBE**

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 SUNSHINE INSURANCE AGENCY DP 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 FLORIDA
5. The date of organization is 08/05/2022 and the period of duration is PERPETUAL
(If left blank, duration is considered perpetual.)
6. The mailing address of the entity's principal office is
601 N CONGRESS AVE STE 435B DELRAY BEACH FL 33445
Street Address City State Zip Code
7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) City State Zip Code
- and the name of the registered agent at that office is COGENCY GLOBAL INC.
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
- | Name | Street or P.O. Box | City | State | Zip Code |
|-------------|-----------------------------|--------------|-------|----------|
| DANA PESSOA | 601 N CONGRESS AVE STE 435B | DELRAY BEACH | FL | 33445 |
| Name | Street or P.O. Box | City | State | Zip Code |
| Name | Street or P.O. Box | 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.

Dana Pessoa DANA PESSOA/MANAGER 04/19/2023
Signature of Authorized Representative Printed Name & Title Date

I, COGENCY GLOBAL INC., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Eric Hood ERIC HOOD ASSISTANT SECRETARY 4/19/2023
Signature of Registered Agent Printed Name Title Date

MEMORANDUM FOR THE RECORD

DATE: 10/10/54

10/10/54

TO: THE SECRETARY OF THE ARMY

FROM: THE CHIEF OF THE ARMY ENGINEERING CORPS

SUBJECT: PROPOSED CONSTRUCTION OF A DAM ON THE RIVER

1. The proposed construction of a dam on the River

is being considered for the purpose of controlling the

flow of the River and for the purpose of

the construction of a dam on the River

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