



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ADD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
1/30/2023 11:50 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)

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is Acrisure Insurance Partners Services of NY, 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 New York

5. The date of organization is 12/30/2022 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
100 Ottawa Avenue SW Grand Rapids MI 49503
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Corporation Service Company

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

| | | | | |
|------------------------------------|-----------------------------|---------------------|-----------|--------------|
| <u>Acrisure Partner Group, LLC</u> | <u>100 Ottawa Avenue SW</u> | <u>Grand Rapids</u> | <u>MI</u> | <u>49503</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
| <u>Gregory L. Williams</u> | <u>100 Ottawa Avenue SW</u> | <u>Grand Rapids</u> | <u>MI</u> | <u>49503</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
| <u>Courtney Kolenda</u> | <u>100 Ottawa Avenue SW</u> | <u>Grand Rapids</u> | <u>MI</u> | <u>49503</u> |
| 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, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

| | |
|--|--|
| Please indicate the Kentucky county in which your business operates: County: <u>FRANKLIN</u> | |
| To complete the following, please shade the box completely. | |
| Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input checked="" type="checkbox"/> Large (50 or more employees) | Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned |
| Please indicate which of the following best describes your business: | |
| <input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other | <input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction |

| | | | |
|--|--|----------------------------|-------------------|
| <u>Courtney Kolenda</u> | <u>Courtney Kolenda</u> | <u>VP of Licensing</u> | <u>1/25/2023</u> |
| Signature of Authorized Representative | Printed Name & Title | | Date |
| I, <u>Corporation Service Company</u> | consent to serve as the registered agent on behalf of the business entity. | | |
| Type/Print Name of Registered Agent | | | |
| By: <u>Nicholas J. House</u> | <u>Nicholas J. House on behalf of Corporation Service Company</u> | <u>Assistant Secretary</u> | <u>01/26/2023</u> |
| Signature of Registered Agent | Printed Name | Title | Date |