



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1340320.09mmore
ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/9/2024 11:41 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 – 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
☐ business trust
☐ limited partnership
☐ non-profit llc

☐ nonprofit corporation
☐ limited liability company
☐ ltd cooperative association
☐ professional service corporation

☐ professional limited liability company
☐ statutory trust
☐ public benefit corporation
☐ other

2. The name of the entity is First Mile Insurance Company
(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 12/16/2022 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
PO Box 811209 Boca Raton FL 33481
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):

Matthew Joffe	PO Box 811209	Boca Raton	FL	33481
Name	Street or P.O. Box	City	State	Zip Code
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.

DocuSign Envelope ID: EE94AE2A813E464...

Matt Joffe

Matthew Joffe, President, Director

2/2/2024

Signature of Authorized Representative

Printed Name & Title

Date

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

Kelly Marinelli

Kelly Marinelli

Assistant Secretary

02/02/2024

Signature of Registered Agent

Printed Name

Title

Date