

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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 business entity is a **limited liability company**.
2. The name of the entity is: **INDIGO INSURE LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **11/21/2022** and the period of duration is **perpetual**.  
This Filing is Effective on Tuesday, March 5, 2024
5. This entity is managed by Members

**6. Principal Office**

220 Athens Way Suite 240A  
Nashville, TN 37228

**7. Required Representatives**

<b>Member</b>	Jared Kaplan	220 Athens Way Suite 240A	Nashville	TN	37228
<b>Member</b>	Jason Foucher	220 Athens Way Suite 240A	Nashville	TN	37228
<b>Member</b>	John Davis	220 Athens Way Suite 240A	Nashville	TN	37228
<b>Member</b>	William Wolfe	220 Athens Way Suite 240A	Nashville	TN	37228

**8. Registered Agent/Office**

Corporate Creations Network Inc.  
101 North Seventh Street  
Louisville, KY 40202

I, **Marie Edwards**, consent to sign for **Corporate Creations Network Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, March 5, 2024

As the Authorized Representative, I, **Jason Foucher**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**