

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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Fee receipt: \$90.00

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 **profit corporation**.
2. The name of the entity is: **COVERSAFE INCORPORATED**
3. The state or country whose law the entity is organized is **Connecticut**.
4. The date of organization is **3/11/2013** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, May 1, 2024

5. Principal Office

194 E Main St Suite 2
Thomaston, CT 06787

6. Required Representatives

Director	Adam Marble	194 E Main St Suite 2	Thomaston	CT	06787
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7. Registered Agent/Office

URS Agents, LLC
306 West Main Street
Suite 512
Frankfort, KY 40601

I, **Kristen Ellison**, consent to sign for **URS Agents, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, May 1, 2024

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