



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division 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:
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> other |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | |

2. The name of the entity is HUESMAN - SCHMID INSURANCE AGENCY, INC.

(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 Ohio

5. The date of organization is July 3, 1978 and the period of duration is _____

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

5670 Cheviot Road

Cincinnati

Ohio

45247

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

803 Scott Street

Covington

KY

41011

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is Andrew J. Schmid

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

Andrew J. Schmid, President	803 Scott Street	Covington	Kentucky	45247
Name	Street or P.O. Box	City	State	Zip Code
Benjamin A. Bauer, Authorized Representative	2245 Gilbert Avenue, Suite 205	Cincinnati	Ohio	45206
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.

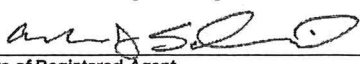
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

	Benjamin A. Bauer, Authorized Representative	10/1/20
Signature of Authorized Representative	Printed Name & Title	Date

I, Andrew J. Schmid, consent to serve as the registered agent on behalf of the business entity.

	Andrew J. Schmid	President	10/1/20
Signature of Registered Agent	Printed Name	Title	Date

Entity#: 518958
Filing Type: CORPORATION FOR PROFIT
Original Filing Date: 07/03/1978
Location: COLERAIN TWP.
Business Name: HUESMAN - SCHMID INSURANCE AGENCY, INC.

Status: Active
Exp. Date: -

Agent/Registrant Information

PAUL W HUESMAN
8264 COLERAIN AVE
CINCINNATI OH 45239
07/03/1978
Active

Filings

Filing Type	Date of Filing	Document ID
DOMESTIC ARTICLES/FOR PROFIT	07/03/1978	E442_0626
ANNUAL REPORT OF PROFESSIONAL CORP	08/23/1979	E642_0552
DOMESTIC/AMENDMENT TO ARTICLES	12/20/1979	E689_0841
DOMESTIC CONTINUED EXISTENCE LETTER	09/09/1993	000000202074
TRADE NAME/ORIGINAL FILING	11/02/2015	201530703452
TRADE NAME RENEWAL	08/04/2020	202021703726
TRADE NAME/ORIGINAL FILING	08/13/2020	202022603594

Prior Business Name	Effective Date
YOUR INSURANCE AGENCY, INC.	12/20/1979

Prior Business Names

Tue Sep 29 2020

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE**

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



*Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 29th of September, A.D. 2020*

Ohio Secretary of State

A handwritten signature in blue ink, reading "Frank LaRose".