

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1396033.09
Michael G. Adams
Secretary of State
Received and Filed
9/18/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

Olympia Claim Service Inc

3. The name of the entity to be used in Kentucky is

Olympia Claim Service Inc

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **6/19/2006** and the period of duration is **perpetual**.

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

31650 Old Kc Rd, Paola, KS 66071

7. The name of the initial registered agent is

Northwest Registered Agent LLC

and the street address of the entity's initial registered office in Kentucky is

212 N 2nd St Ste 100, Richmond, KY 40475

8. The names and business addresses of the entity's representatives:

Registered Agent	Northwest Registered Agent LLC	212 N 2nd St Ste 100, Richmond, KY 40475
President	Steve Keaton	551 Rainbow Springs Loop, Groveland, FL 34736
Authorized Rep	Carrie Page	31650 Old Kc Rd, Paola, KS 66071

9. This filing will be effective on **Wednesday, September 18, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:**
Carrie Page

I, **Taylor Newman**, consent to sign for **North**
Agent LLC who serves as the Registered A
entity on Wednesday, September 18, 2024.

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