

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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1359134.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
4/22/2024 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
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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 **limited liability company**.

2. The name of the entity is

**DOXA E&S SOLUTIONS, LLC**

3. The state or country under whose law the entity is organized is **Illinois**.

4. The date of organization is **4/27/2017** and the period of duration is **perpetual**.

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

**101 E Washington 10th Floor, FORT WAYNE, IN 46802**

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

**421 West Main Street, FRANKFORT, KY 40601**

and the name of the registered agent at that office is **CORPORATION SERVICE COMPANY**.

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

<b>Member</b>	<b>TIMOTHY WIGGINS</b>	<b>101 E</b>	<b>FORT WAYNE</b>	<b>IN</b>	<b>46802</b>
		Washington			
		10th Floor			

8. This entity is managed by **Members**.

9. This application will be effective on **Monday, April 22, 2024**.

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

I, **TIMOTHY WIGGINS**, consent to sign for **CORPORATION SERVICE COMPANY** who serves as the **Registered Agent** on behalf of this limited liability company company.