

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1378837.06
Michael G. Adams
Secretary of State
Received and Filed
7/15/2024 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 **limited liability company**.

2. The name of the entity is

AssuredPartners Great Plains LLC

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

AP GreatPlains' LLC

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

5. The date of organization is **12/16/2019** and the period of duration is **perpetual**.

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

450 S Orange Ave Fl 4, Orlando, FL 32801

7. The name of the initial registered agent is

Joseph Pierre

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

306 W Main St Ste 512, Frankfort, KY 40601

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

Registered Agent	Joseph Pierre	306 W Main St Ste 512, Frankfort, KY 40601
Manager	Lesli P Wisenart	450 S Orange Ave Fl 4, Orlando, FL 32801
Authorized Rep	Joseph Pierre	306 W Main St Ste 512, Frankfort, KY 40601

9. This entity is managed by **Managers**.

10. This application will be effective on **Monday, July 15, 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:**
Joseph Pierre

I, **Joseph Pierre**, consent to sign for **Joseph**
as the Registered Agent on behalf of this ent
2024.

1378837.06**Michael G. Adams****Secretary of State**

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