



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1291038.06

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 6/28/2023 8:20 AM Fee Receipt: \$90.00

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

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(, 0,	oigh Dusiness Entity			
Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo		ereby applies for authority to tra	nsact business in Kentucky o	on behalf of the entity named belo	
1. The entity is a: profit corpo	ration	nonprofit corporation	professional li	mited liability company	
business trust		limited liability company		statutory trust	
limited part	nership	Itd cooperative association	public benefit		
non-profit I	c	professional service corporation	on other	\$200 - \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$20	
2. The name of the entity is Easy Inst	ırance Plans, LLC	Till - I Peritheum i Statistica del Statistica del Servicio de Anti-Servicio Servicio del Servic			
(The	name must be identical	to the name on record with th	e Secretary of State.)		
3. The name of the entity to be used i	n Kentucky is (if applicable); Easy Insurance Plans, LLC			
		(Only provide if "real nam	e" is unavailable for use; o	therwise, leave blank.)	
4. The state or country under whose I				*	
5. The date of organization is 02/01/2	020	and the period of		on is considered perpetual.)	
6. The mailing address of the entity's	principal office is		(, , , , , , , , , , , , , , , , , , ,	
4352 SE 95th St		Ocala	FL FL	34480	
Street Address		City	State	Zip Code	
7. The street address of the entity's re	gistered office in Kentucky			10004	
421 West Main St Street Address (No P.O. Box Number	ara)	Frankfort City	KY Sta	te Zip Code	
	160-25.00		Sta	te zip code	
and the name of the registered agent a	at that office is Corporation	1 Service Company			
8. The names and business addresse	s of the entity's representa	tives (secretary, officers and dire	ectors, managers, trustees or	general partners):	
Joseph Fernandez	4352 SE 95th St	Ocala	FL	34480	
Name	Street or P.O. Box	City	State	Zip Code	
Tina Allen	4352 SE 95th St	Ocala	FL FL	34480	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation.	ore states or territories of t				
10. I certify that, as of the date of filing	this application, the above	e-named entity validly exists under	er 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 a	pplicable:		
12. If a limited liability company, che	ck box if manager-manag	ged:			
13. This application will be effective up	on filing.				
<u> 411/14 (GC</u>		Tina Allen, Secretary	06/2	22/2023	
Signature of Authorized Representative		Printed Name & 1	litle	Date	
, Corporation Service Co	ompany	, consent to serve as the	e registered agent on behalf	of the business entity.	
Type/Print Name of Registered Agent					
Judich Rug	Ju	dith Reyes	Assistant Secy	6/22/2023	
Signature of Registered Agent	Drin	tod Name			

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS
Michael Adams
Secretary of State
P.O. Box 718

OFFICE LOCATION Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Frankfort, KY 40602-0718 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.