



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority (Foreign Business Entity) 1382341.09

bmarkey ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/29/2024 3:30 PM

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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

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Pursuant to the provisions of KRS 14, and, for that purpose, submits the follo		lies for authority to transac	t business in Kentucky o	n behalf of the entity named belo	
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1. The entity is a: profit corpo				professional limited liability company	
business tr		iability company	statutory trust		
limited part	nership Itd coope	erative association	public benefit o	orporation	
non-profit l	•	onal service corporation	other		
The name of the entity is Cubed Ins	surance Services Inc.				
(Th	e name must be identical to the na	me on record with the Se	cretary of State.)		
3. The name of the entity to be used i	n Kentucky is (if applicable):(Only	/ provide if "real name" is	s unavailable for use; o	therwise, leave blank.)	
4. The state or country under whose I	aw the entity is organized is Nevada				
5. The date of organization is 04/18/2		and the period of dura	tion is		
			(If left blank, duratio	n is considered perpetual.)	
6. The mailing address of the entity's	principal office is	Ora Vallav	۸.7	85755	
1846 E. Innovation Park Dr. STE 100		Oro Valley City	AZ State	Zip Code	
Street Address		City	State	Zip Code	
 The street address of the entity's re N. 2nd St. STE 100 	egistered office in Kentucky is	Richmond	_KY	40475	
Street Address (No P.O. Box Numb	ers)	City	Stat	te Zip Code	
and the name of the registered agent	at that office is Northwest Registered	d Agent LLC			
8. The names and business addresse	es of the entity's representatives (seci	retary, officers and director	rs, managers, trustees or	general partners):	
Ben Block	1846 E. Innovation Park Dr. STE 1	.00 Oro Valley	AZ	85755	
Name	Street or P.O. Box	City	State	Zip Code	
Zoey Block	1846 E. Innovation Park Dr. STE	100 Oro Valley	AZ	85755	
Name	Street or P.O. Box	City	State	Zip Code	
Stewart Block	1846 E. Innovation Park Dr. STE		AZ	85755	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporat	nore states or territories of the United ion.	States or District of Colum	nbia to render a profession	nal service described in the	
10. I certify that, as of the date of filing				of its formation.	
11. If a limited partnership, it elects to	be a limited liability limited partnership	ip. Check the box if applic	cable:		
12. If a limited liability company, che	ck box if manager-managed:				
13. This application will be effective u	oon filing.				
Nut Smi	Th Na	at Smith, Authorized Signer		3/2024	
Signature of Authorized Representative		Printed Name & Title		Date	
Taylor Newman of Northwest Regis Type/Print Name of Refletered/Agent		consent to serve as the re			
- / mulau / au an	Taylor Newma	an .	Assistant Secretary	07/23/2024	

Printed Name

Title

Date