



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1245642.06

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/6/2022 2:14 PM Fee Receipt: \$90.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 Certificate of Authority (Foreign Business Entity)

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

Pursuant to the provisions of KRS 1 and, for that purpose, submits the fo	4A – 030 the undersigned here illowing statements:	by applies for authority to tr	ansact business in Kentucky	on behalf of the entity named below
1. The entity is a: profit cor	poration	nonprofit corporation	professional li	imited liability company
		imited liability company	statutory trust	5 5 5
limited pa	artnership I	td cooperative association	other	
non-profi		professional service corporat	ion	
2. The name of the entity is Britely	Insurance Agency, LLC			
(T	he name must be identical to	the name on record with t	he Secretary of State.)	<u>-</u>
3. The name of the entity to be used	d in Kentucky is (if applicable):_			
	an and makes over the entering		me" is unavailable for use; o	otherwise, leave blank.)
4. The state or country under whose				:
5. The date of organization is 8/3/21		and the period of		on is considered perpetual.)
6. The mailing address of the entity	's principal office is		(ii leit blank, durau	on is considered perpetual.)
1566 Global Court		Sarasota	FL	34240
Street Address		City	State	Zip Code
7. The street address of the entity's	registered office in Kentucky is			
212 N. 2nd St. STE 100		Richmond	KY	40475
Street Address (No P.O. Box Num	137	City	Sta	ate Zip Code
and the name of the registered ager	it at that office is Registered	Agents Inc		
8. The names and business addres	ses of the entity's representativ	es (secretary, officers and di	rectors, managers, trustees c	or general partners):
Gregory S. Roper	1566 Global Court	Sarasota	FL	34240
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
-		N 222		
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation and treasurer are licensed in one or statement of purposes of the corporations.	more states or territories of the	rs, not less than one half (1/: United States or District of C	2) of the directors, and all of t Columbia to render a profession	he officers other than the secretary onal service described in the
10. I certify that, as of the date of filing	ng this application, the above-n	amed entity validly exists un	der the laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects t	o be a limited liability limited pa	rtnership. Check the box if	applicable:	
12. If a limited liability company, ch	neck box if manager-managed	t: 🔲		
13. This application will be effective	upon filing.			
the source	\mathcal{D}_{\bullet} .	Gregory S. Roper	11	1/28/22
Signature of Authorized Representative		Printed Name 8		
7.1.0	ee a		tenoundorf.	N- 91.0
Registered Agents Inc Type/Print Name of Registered Agen	+	, consent to serve as	the registered agent on behal	f of the business entity.
. , per line name of Registered Agen				
Bell Have		Havre	Assistant Secreta	ry 11/28/2022
Signature of Registered Agent	Printe	d Name	Title	Date