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

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 business entity is a limited partnership.
- 2. The name of the entity is: SIGNATURE SPECIALTY, LP
- 3. The state or country whose law the entity is organized is Delaware.

4. The date of organization is 7/25/2023 and the period of duration is perpetual.

5. Principal Office		N @ @ '44	24	
261 N. University Dr. 3 Plantation, FL 33324	Ste 510			
6. Required Represe	entatives			
General Partner	David DeMott	261 N. University Plantation Dr. Ste 510	FL	33324
7. Registered Agent	/Office			
Corporate Creations N 101 North Seventh St	letwork Inc.			

I, Marie Edwards, consent to sign for Corporate Creations Network Inc. who serves as the Registered Agent on behalf of this Entity.

on Tuesday, November 14, 2023

Louisville, KY 40202

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

1321243 **1321243** Michael G. *J......* KY Secretary of State Received and Filed 11/14/2023 12:25:48 PM Fee receipt: \$90.00

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