

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

8/30/2023 2:44:31 PM

Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **WHOLESURE AVIATION, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Michigan**.
5. The date of organization is **10/21/2021** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

100 Ottawa Ave SW
Grand Rapids, MI 49503

8. Required Representatives

Manager	Acrisure, LLC	100 Ottawa Ave SW	Grand Rapids	MI	49503
Manager	Greg Williams	100 Ottawa Ave SW	Grand Rapids	MI	49503
Manager	Courtney Kolenda	100 Ottawa Ave SW	Grand Rapids	MI	49503

9. Registered Agent/Office

Corporation Service Company
421 W Main Street
Frankfort, KY 40601

I, **Linda J. Snook**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, August 30, 2023

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