

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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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 entity is a **limited liability company**.

2. The name of the entity is

**WHOLESURE LIFE & HEALTH, LLC**

3. The state or country under whose law the entity is organized is **Michigan**.

4. The date of organization is **4/24/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**100 Ottawa Avenue, SW, Grand Rapids, MI 49503**

6. The street address of the entity's registered office in Kentucky is

**421 West Main Street, Frankfort, KY 40601**

and the name of the registered agent at that office is **Corporation Service Company**.

7. The names and business addresses of the entity's representatives:

<b>Manager</b>	Courtney Kolenda	100 Ottawa Avenue, SW	Grand Rapids	MI	49503
<b>Organizer</b>	Courtney Kolenda	100 Ottawa Avenue, SW	Grand Rapids	MI	49503
<b>Manager</b>	Wholesure Group LLC	100 Ottawa Avenue, SW	Grand Rapids	MI	49503
<b>Organizer</b>	Wholesure Group LLC	100 Ottawa Avenue, SW	Grand Rapids	MI	49503

8. This entity is managed by **Managers**.

9. This application will be effective on **Thursday, May 2, 2024**.

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: **Manager**

I, **Renee Patterson**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this limited liability company company.