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**

Michael G. /..... Received and Filed 4/14/2025 12:00:00 AM Fee receipt: \$458.00

0706845 0706845

**RCA** 

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 profit corporation.
- 2. The name of the entity is: LMB INSURANCE SERVICES, INC.
- 3. It is an entity organized and existing under the laws of the state of Delaware.
- 4. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

## **Principal Office**

12181 BLUFF CREEK DR., STE 250 **STE 250** LOS ANGELES, CA 90094

## **Registered Agent Name/Address**

C T Corporation System 306 West Main Street, Suite 512 Frankfort, KY 40601

## **Current Officers**

President	Mitch Viner	12181 Bluff Creek Dr. Ste 250 Los Angeles California
		90094
Secretary	Mitch Viner	12181 Bluff Creek Dr. Ste 250 Los Angeles California 90094

6. Mitch Viner, Secretary, on 4/14/2025

7. I, C T Corporation System, consent to serve as the registered agent on behalf of the this entity on 4/14/2025