

## 1353047.09

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE ADD Michael G. Adams Kentucky Secretary of State Received and Filed: 3/27/2024 9:50 AM Fee Receipt: \$90.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)			;90.00	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	<b>a j</b> 11	es for authority to transa	ct business in Kent	tucky on behalf of	the entity named below	
business trust lin limited partnership lite non-profit IIc pr 2. The name of the entity is <u>Gen III Risk Partners, Inc.</u>		fit corporation professional limited liability company   liability company statutory trust   public benefit corporation public benefit corporation   ional service corporation other				
	name must be identical to the nam	ie on record with the S	ecretary of State.)	)		
3. The name of the entity to be used in	(Only p	provide if "real name"	is unavailable for	use; otherwise,	eave blank.)	
4. The state or country under whose lav					<del>.</del>	
5. The date of organization is <u>12/19/2</u>	023	and the period of duration is <u>perpetual</u> . (If left blank, duration is considered perpetual.)				
6. The mailing address of the entity's pr	incipal office is		(If left blank, c	duration is consi	dered perpetual.)	
62 South Ocean Avenue		Patchogue	NY	117	72	
Street Address		City	State	Zip	Code	
7. The street address of the entity's reg	istered office in Kentucky is					
421 West Main Street		Frankfort	KY		0601	
Street Address (No P.O. Box Number	•	City		State	Zip Code	
and the name of the registered agent at	that office is Corporation Service	ce Company				
8. The names and business addresses	of the entity's representatives (secre	tary, officers and directo	ors, managers, trus	tees or general pa	artners):	
Michael A. Romeo	62 South Ocean Avenue	Patchogue	NY	117	72	
Name	Street or P.O. Box	City	State		Zip Code	
Michael J. Romeo	62 South Ocean Avenue	Patchogue	NY	117	772	
Name	Street or P.O. Box	City	State		Code	
Michael A. Donato	62 South Ocean Avenue	Patchogue	NY	117		
Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	re states or territories of the United S			all of the officers o		
10. I certify that, as of the date of filing t	nis application, the above-named ent	ity validly exists under t	he laws of the juriso	diction of its forma	tion.	
11. If a limited partnership, it elects to be	e a limited liability limited partnership	. Check the box if appl	icable:			
12. If a limited liability company, check	k box if manager-managed:					
13. This application will be effective upo	n filing.					
mon	Mic	hael A. Romeo, Pre	esident	03/06/2024		
Signature of Authorized Representative		Printed Name & Title		Date		
, Corporation Service Company	, co	onsent to serve as the re	egistered agent on	behalf of the busi	ness entity.	
Type/Print Name of Registered Agent	2000 Michele L. A Corporation	Abbott Service Company	Asst. Vice Pre	sident	03/26/2024	
Signature of Registered Agent	Printed Name	<u>_</u>	Title	a a	Date	

## Gen III Risk Partners, Inc.

## Kentucky – Certificate of Authority

## Attachment

#8 – Additional Officer

Joseph H. Romeo 62 South Ocean Avenue, Patchogue, NY 11772