



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

**1240861.06**

kdcoleman  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
11/7/2022 12:50 PM  
Fee Receipt: \$90.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Certificate of Authority**  
(Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 : ☐ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is Hub International South Florida LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is FL

5. The date of organization is 10/05/2022 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
990 Ponce De Leon Suite 800 Coral Gables FL 33134  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
421 West Main Street Frankfort KY 40601  
 Street Address (No P.O. Box Numbers) City State Zip Code

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

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

John M. Albright	150 N. Riverside Plaza, 17th Floor	Chicago	IL	60606
Name	Street or P.O. Box	City	State	Zip Code
James M. Vogdes	150 N. Riverside Plaza, 17th Floor	Chicago	IL	60606
Name	Street or P.O. Box	City	State	Zip Code
Christine McGovern	150 N. Riverside Plaza, 17th Floor	Chicago	IL	60606
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

Please indicate the Kentucky county in which your business operates:

County: Franklin

*To complete the following, please shade the box completely.*

Please indicate the size of your business:

- ☐ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- ☐ Agriculture ☐ Mining ☐ Services ☐ Construction  
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☐ Finance, Insurance, Real Estate  
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services  
☐ Other

Signature of Authorized Representative

I, Corporation Service Company

Type/Print Name of Registered Agent

By: Ali Kochie

Signature of Registered Agent

John M. Albright, Manager

Printed Name & Title

10/3/2022

Date

, consent to serve as the registered agent on behalf of the business entity.

Corporation Service Company

Printed Name

Asst. Secretary

Title

11/04/2022

Date