

REVIEWED

By tamsin.wade at 4:06 pm, 3/25/22

**COMMONWEALTH OF KENTUCKY**
MICHAEL G. ADAMS, SECRETARY OF STATE**1199168.09**dwilliams
ADD**Michael G. Adams**
Kentucky Secretary of State
Received and Filed:
3/28/2022 11:17 AM
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)

Pursuant to the provisions of KRS 14A – 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: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is JOYN INSURANCE SERVICES INC.
(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 DELAWARE

5. The date of organization is 6/30/2020 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
11231 US Highway 1, #110 North Palm Beach FLORIDA 33408
Street Address **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) **City** **State** **Zip Code**

and the name of the registered agent at that office is COGENCY GLOBAL INC.

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

<u>Seraina Macia</u>	<u>11231 US Highway 1, #110</u>	<u>North Palm Beach</u>	<u>FLORIDA</u>	<u>33408</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Keith Wagner</u>	<u>11231 US Highway 1, #110</u>	<u>North Palm Beach</u>	<u>FLORIDA</u>	<u>33408</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Eduard Pulkstenis</u>	<u>11231 US Highway 1, #110</u>	<u>North Palm Beach</u>	<u>FLORIDA</u>	<u>33408</u>
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.

Keith J. Wagner Keith Wagner 03.22.22
Signature of Authorized Representative **Printed Name & Title** **Date**

I, COGENCY GLOBAL INC., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Eric B. Hood ERIC HOOD Assistant Secretary
Signature of Registered Agent **Printed Name** **Title** **Date**

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOYN INSURANCE SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOYN INSURANCE SERVICES INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3163308 8300

SR# 20220526746

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202669651

Date: 02-15-22