

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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

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 business entity is a **limited liability company**.
2. The name of the entity is: **MODERN CLAIMS SOLUTIONS, LLC**.
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Wyoming**.
5. The date of organization is **11/15/2022** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

680 S Cache Street Suite 100-8640  
Jackson, Wy 83001

**8. Required Representatives**

<b>Member</b>	Gordon L Baker	680 S Cache Street Suite 100-8640	Jackson	Wy	83001
<b>Member</b>	Doug Raucy	16404 Brieve De Avila	Tampa	FL	33613

**9. Registered Agent/Office**

Resident Agent, LLC.  
212 N. 2ND ST., STE 100  
Richmond, KY 40475

I, **support@registeredagentsinc.com**, consent to sign for **Resident Agent, LLC**. who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, January 18, 2023

As the Authorized Representative, I, **Gordon L Baker**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**