

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 **profit corporation**.
2. The name of the entity is: **FCCI AGENCY, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **8/1/1986** and the period of duration is **perpetual**.

7. Principal Office

6300 University Parway
Sarasota, FL 34240

8. Required Representatives

Officer	Christina Welch	6300 University Parkway	Sarasota	FL	34240
Secretary	Christopher Shoucair	6300 University Parkway	Sarasota	FL	34240
Officer	Michelle Jalbert	6300 University Parkway	Sarasota	FL	34240
Officer	Duane Padgett	6300 University Parkway	Sarasota	FL	34240
Director	John Cox	6300 University Parkway	Sarasota	FL	34240
Director	James Welch	6300 University Parkway	Sarasota	FL	34240
Director	Lisa Krouse	6300 University Parkway	Sarasota	FL	34240
Director	Charles Baumann	6300 University Parkway	Sarasota	FL	34240
Director	Thomas Koval	6300 University Parkway	Sarasota	FL	34240
Director	Roy Yahraus	6300 University Parkway	Sarasota	FL	34240

9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Adam Saldana**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, September 22, 2023

As the Authorized Representative, I, **Christina Welch** , declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Officer**

