

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed  
11/6/2023 12:00:00 AM  
Fee receipt: \$156.00

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**

**RCA**

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: EMS INSURANCE SOLUTIONS INC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Wyoming.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

229 STABLE WAY  
NICHOLASVILLE, KY 40356

**Registered Agent Name/Address**

Elizabeth Sacca  
229 STABLE WAY  
NICHOLASVILLE, KY 40356

**Current Officers**

President Elizabeth Sacca 229 Stable Way, Nicholasville, KY 40356

6. Elizabeth Sacca, President, on 11/6/2023
7. I, Elizabeth Sacca, consent to serve as the registered agent on behalf of the this entity on 11/6/2023