



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0951782.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/13/2023 2:27 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)					
Pursuant to the provisions of KRS following statement:	365.015, the undersigned appli	es to as	sume a name a	nd, for t	that purpose, submits the	
The assumed name is: Roofer	s Choice Insurance, LLC					
2. The real name of the business assumed name: AssuredPartners of Texas, LLC	entity (and in the case of genera	al partne	ership, the partn	ers) tha	it is/are adopting the	
Name must be identical to the real	name on record with the Secretar	y of Sta	te.)			
The entity type is (you must check one):         a Domestic General Partnership         a Domestic Limited Liability Partnership         a Domestic Limited Partnership         a Domestic Business Trust         a Domestic Corporation         a Domestic Limited Liability Company         a Domestic Statutory Trust         a Domestic Limited Cooperative Association         a Domestic Unincorporated Non-profit Association			a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association			
4. The entity is organized and ex	isting in the state or country of $\underline{T}$	exas				
5. The mailing address is:						
450 South Orange Avenue, 4th Floo	or Orlando		FL		32801	
Street Address or Post Office Box	Numbers	City		State	Zip	
I declare under penalty of perjury	under the laws of Kentucky that	the forg	joing is true and	correct		
/s/Paul Vredenburg	Paul Vredenburg		Manager		05/19/2023	

Printed Name

Title

Date

**Authorized Party Signature**