Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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 entity is a **limited liability company**.

2. The name of the entity is

ENDURANCE DEALER SERVICES, LLC

3. The state or country under whose law the entity is organized is **Illinois**.

4. The date of organization is **2/16/2010** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

400 Skokie Blvd, Suite #470, Northbrook, IL 60062

6. The name of the initial registered agent is

Cogency Global Inc

and the street address of the entity's initial registered office in Kentucky is

828 Lane Allen Road, Suite 219, Lexington, KY 40504

7. The names and business addresses of the entity's representatives:

Manager	Jeff Gilfand	400 Skokie Blvd Suite #470, Northbrook, IL 60062
Organizer	Jeff Gilfand	400 Skokie Blvd Suite #470, Northbrook, IL 60062
Manager	Justin Thomas	400 Skokie Blvd Suite #470, Northbrook, IL 60062
Organizer	Justin Thomas	400 Skokie Blvd Suite #470, Northbrook, IL 60062

8. This entity is managed by **Managers**.

9. This application will be effective on **Friday, July 19, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Manager: Justin Thomas**

I, **Sean Chase**, consent to sign for **Cogency Global Inc** who serves as the Registered Agent on behalf of this entity on Friday,

July 19, 2024.