

REVIEWED

By tamsin.wade at 8:51 am, 7/26/23

**COMMONWEALTH OF KENTUCKY**
MICHAEL G. ADAMS, SECRETARY OF STATE**1296986.06**mmore
ADDMichael G. Adams
Kentucky Secretary of State
Received and Filed:
7/26/2023 10:41 AM
Fee Receipt: \$90.00**Division of Business Filings**P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov**Certificate of Authority**
(Foreign Business Entity)**FBE**

Pursuant to the provisions of KRS 14A – 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:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> public benefit corporation |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other |

2. The name of the entity is United Insurance Management, L.C.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): United Insurance Management, L.C.
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)4. The state or country under whose law the entity is organized is Florida5. The date of organization is 2/23/1999 and the period of duration is _____
(If left blank, duration is considered perpetual.)6. The mailing address of the entity's principal office is
800 2nd Ave S.

Street Address	St. Petersburg	FL	33701
	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road - suite 219

Street Address (No P.O. Box Numbers)	Lexington	KY	40504
	City	State	Zip Code

and the name of the registered agent at that office is Cogency Global Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Brooke Adler	800 2nd Ave S.	St. Petersburg	FL	33701
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

Brooke Adler

Signature of Authorized Representative

Brooke Adler, Secretary

Printed Name & Title

7/21/23

Date

I, Cogency Global Inc.

Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

Denise Wipper, Asst. Secretary

Signature of Registered Agent

Denise Wipper

Printed Name

Asst. Secretary

Title

7/21/23

Date