

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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Secretary of State
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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 **profit corporation**.

2. The name of the entity is

PALMETTO AUTO PROTECTION, INC.

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

4. The date of organization is **2/8/2023** and the period of duration is **perpetual**.

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

100 Coastal Drive, Suite 400, Charleston, SC 29492

6. The street address of the entity's registered office in Kentucky is

421 West Main Street, Frankfort, KY 40601

and the name of the registered agent at that office is **Corporation Service Company**.

7. This application will be effective on **Thursday, April 18, 2024**.

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

I, **Linda Snook, Assistant VP**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this profit corporation company.