



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1306393.06** mmoore  
ADD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
9/7/2023 2:20 PM  
Fee Receipt: \$90.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://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:
- |                     |                                     |                                  |                          |                                        |
|---------------------|-------------------------------------|----------------------------------|--------------------------|----------------------------------------|
| profit corporation  | <input type="checkbox"/>            | nonprofit corporation            | <input type="checkbox"/> | professional limited liability company |
| business trust      | <input checked="" type="checkbox"/> | limited liability company        | <input type="checkbox"/> | statutory trust                        |
| limited partnership | <input type="checkbox"/>            | ltd cooperative association      | <input type="checkbox"/> | public benefit corporation             |
| non-profit llc      | <input type="checkbox"/>            | professional service corporation | <input type="checkbox"/> | other                                  |

2. The name of the entity is Arlington/Roe Premium Finance, LLC  
(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): N/A  
(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 Indiana

5. The date of organization is May 24, 2023 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
8888 Keystone Crossing, Suite 900      Indianapolis      IN      46240  
Street Address      City      State      Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512      Frankfort      KY      40601  
Street Address (No P.O. Box Numbers)      City      State      Zip Code

and the name of the registered agent at that office is C T Corporation System

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

<u>Andrew Jason Roe</u>	<u>6159 N. Meridian Street</u>	<u>Indianapolis</u>	<u>IN</u>	<u>46208</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>James Patrick Roe</u>	<u>6786 Riverside Way</u>	<u>Fishers</u>	<u>IN</u>	<u>46038</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Mark Lee Garner</u>	<u>18028 Rolling Rock Dr</u>	<u>Noblesville</u>	<u>IN</u>	<u>46062</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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.

     Mark Lee Garner, Manager      9/6/2023  
Signature of Authorized Representative      Printed Name & Title      Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.

Denise Bell      Assistant Secretary      09/06/2023  
By:       Printed Name      Title      Date  
Signature of Registered Agent

**State of Indiana  
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**ARLINGTON/ROE PREMIUM FINANCE, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 24, 2023, and was in existence or authorized to transact business in the State of Indiana on September 06, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 06, 2023

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 06, 2023.