



1396995.17 mmoore
ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 9/23/2024 10:36 AM
 Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Statement of Foreign Qualification (Foreign Limited Liability Partnership)	FNL
--	--	------------

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned applies to qualify and for that purpose submits the following statement:

1. The name of the foreign limited liability partnership is BDMP Assurance, LLP.

2. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

3. The mailing address of the partnership's principal office address is:

2211 Congress Street	Portland	ME	04102
Street Address or Post Office Box Numbers	City	State	Zip

4. The mailing address of the principal office address of any partnership office in Kentucky (if applicable):

Street Address or Post Office Box Numbers	City	State	Zip

5. The street address of the partnership's initial registered office in Kentucky is

421 West Main Street	Frankfort		
Street Address (No Post Office Box Numbers)	City	State	Zip

6. The name of the initial registered agent at that office is Corporation Service Company.

7. The state or country of jurisdiction of the organization is Maine.

8. This application will be effective upon filing.

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

<small>DocuSigned by:</small> 	Todd J. Desjardins, CPA	9/20/2024
Signature of Partner	Printed Name	Date
	Michael F. Jurnak, CPA	9/20/2024
Signature of Partner	Printed Name	Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the limited liability partnership.

	Michelle Vannoy	09/23/2024
Signature of Registered Agent	Printed Name	Date