

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1395999.06
Michael G. Adams
Secretary of State
Received and Filed
9/18/2024 12:00:00 AM
Fee receipt: \$90

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

ATLANTIC CLOSING & ESCROW, LLC

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

4. The date of organization is **2/2/2011** and the period of duration is **perpetual**.

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

10 DORRANCE STREET SUITE 700, PROVIDENCE, RI 02903

6. The name of the initial registered agent is

PARACORP INCORPORATED

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

828 LANE ALLEN ROAD #219, LEXINGTON, KY 40504

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

Manager	SCOTT DAVID KRISS	10 DORRANCE STREET, STE 700, PROVIDENCE, RI 02903
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Organizer	SCOTT DAVID KRISS	10 DORRANCE STREET, STE 700, PROVIDENCE, RI 02903
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, September 18, 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: SCOTT DAVID KRISS**

I, **DANIEL STEIGERT, ASSISTANT SECRETARY**, consent to sign for **PARACORP INCORPORATED** who serves as the

Registered Agent on behalf of this entity on V
September 18, 2024.

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