



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0004831970

Date Filed: 7/26/2022 12:46:00 PM

1. The name of the entity is: May Insurance Agency, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |

4. Jurisdiction of formation: IN
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
100 Ottawa Ave SW, Grand Rapids, MI 49503
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:

Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686

(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

<u>Acrisure, LLC</u>	<u>Manager</u>	<u>100 Ottawa Ave SW, Grand Rapids, MI 49503</u>
(Name)	(Capacity)	(Address)

<u>Courtney Kolenda</u>	<u>Manager</u>	<u>100 Ottawa Ave SW, Grand Rapids, MI 49503</u>
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Courtney Kolenda

Signature: 

Capacity: Manager

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

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

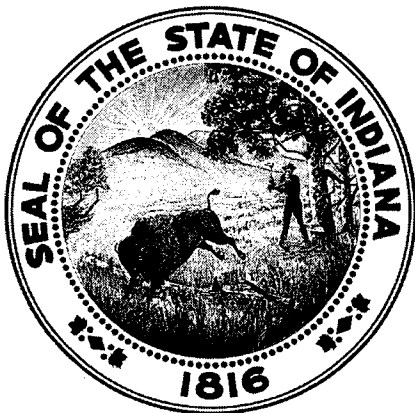
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MAY INSURANCE AGENCY, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 15, 2007, and was in existence or authorized to transact business in the State of Indiana on July 19, 2022.

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, July 19, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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

Expires on August 18, 2022.