



Form Revision Date 07/2016

CERTIFICATE OF ASSUMED NAME

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate:

1. The identification number assigned by the Bureau is:	<input type="text" value="802331734"/>
2. The name of the limited liability company is:	<input type="text" value="ACRIPPOINT, LLC"/>

3. The assumed name under which business is to be transacted is:

KINSMAN AGENCY

This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships):

Signed this 21st Day of October, 2022 by:

Signature	Title	Title if "Other" was selected
Courtney Kolenda	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

ACRIPOINT, LLC

ID Number: 802331734

to transact business under the assumed name of
KINSMAN AGENCY

received by electronic transmission on October 21, 2022 ***, is hereby endorsed.***

Filed on October 25, 2022 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2027



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 25th day of October, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau