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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority Foreign Business Entity

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 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 **Maple Coastal, LLC**.
- 3. The state or country under whose law the entity is organized is South Carolina.
- 4. The date of organization is 12/29/2010.
- 5. The mailing address of the entity's principal office is **120 W Third Street, Lexington, KY 40508**.
- 6. The street address of the entity's registered office in Kentucky is **120 W Third Street, Lexington, KY 40508** and the name of the registered agent in that office is **Corey Maple**.
- 7. The names and business addresses of the entity's representatives:
- 8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 9. This application will be effective on filing.

Signature of Authorized Representative: Hannah Maple

I, **Corey Maple**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Corey Maple