



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
9/7/2023 2:35 PM
Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 584-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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: ☐ profit corporation ☒ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is Allied Auto Glass LLC

(The name must be identical to the name on record with the Secretary of State.)

3. 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.)

4. The state or country under whose law the entity is organized is Florida

5. The date of organization is July 13, 2018 and the period of duration is perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
7904 Pier Road

Street Address Port Richey, FL 34668
City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512

Street Address (No P.O. Box Numbers) Frankfort KY 40601
City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Douglas B. Dortch 7904 Pier Road Port Richey, FL 34668
Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Douglas B. Dortch
Signature of Authorized Representative

Douglas B. Dortch, Managing Member
Printed Name & Title

9/6/23
Date

1. C T Corporation System consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Theresa Buck
Signature of Registered Agent

Theresa Buck
Printed Name

Assistant Secretary
Title

09/07/2023
Date

State of Florida

Department of State

I certify from the records of this office that ALLIED AUTO GLASS LLC is a limited liability company organized under the laws of the State of Florida, filed on July 13, 2018.

The document number of this limited liability company is L18000169729.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on January 26, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Seventh day of September,
2023*




Secretary of State

Tracking Number: 4614182958CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>