

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State**

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		FBE
Pursuant to the provisions of KRS and, for that purpose, submits the fo	14A – 030 the undersigned hereby ollowing statements:	applies for authority to transact b	ousiness in Kentucky o	n behalf of the entity named below
1. The entity is a: profit co business limited p	rporation non s trust limit lattership fit lic pro	profit corporation ted liability company cooperative association fessional service corporation	professional limited liability company statutory trust other	
2. The name of the entity is Bachn	nan Auto Group of Southern Indiana The name must be identical to th	e name on record with the Sec	retary of State.)	,
3. The name of the entity to be use	ed in Kentucky is (if applicable):(Only provide if "real name" is		therwise, leave blank.)
4. The state or country under whose5. The date of organization is June	se law the entity is organized is	and the period of duration	on is	en is considered pernetual)
6. The mailing address of the entit			(If left blank, duration	on is considered perpetual.)
9650 Bluegrass Parkway	y's principal office is	Louisville	KY	40299 Zin Codo
Street Address		City	State	Zip Code
7. The street address of the entity	s registered office in Kentucky is	Louisville	KY	40299
9650 Bluegrass Parkway Street Address (No P.O. Box Nu	mbers)	City	Sta	ate Zip Code
	ent at that office is Stephen P. Back	nman		
and the name of the registered age	esses of the entity's representatives	(secretary officers and directors	, managers, trustees o	r general partners):
		Louisville	KY	40299
Stephen P. Bachman	9650 Bluegrass Parkway Street or P.O. Box	City	State	Zip Code
Name	Street of 1.0. Box	,		
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
and treasurer are licensed in one statement of purposes of the corp	or more states or territories of the U	inited States of District of Column	ola to render a professi	
11. If a limited partnership, it elect	s to be a limited liability limited part	nership. Check the box if applic	able:	
12. If a limited liability company,	check box if manager-managed:			
13. This application will be effective	ve upon filing.	Olymber D. Dareberen Manga	gor	9/23/2022
Signature of Authorized Representa	tive	Stephen P. Bachman, Manga Printed Name & Title	gei	Date
I, Stephen P. Bachman Type/Print Name of Registered A	ant /	, consent to serve as the re	gistered agent on beha	If of the business entity.
Signature of Registered Agent		en P. Bachman	Manager	9/23/2023 Date