

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **nonprofit corporation**.
2. The name of the entity is: **CODE COMMAND**
3. The name of the entity to be used in Kentucky is (if applicable): **CODE COMMAND CORP.**
4. The state or country whose law the entity is organized is **Wyoming**.
5. The date of organization is **9/8/2023** and the period of duration is **perpetual**.

7. Principal Office

1890 Star Shoot Pkwy
STE 170-333
Lexington , KY 40509

8. Required Representatives

Officer	CJ Taylor	1890 Star Shoot Pkwy, STE 170-333	Lexington	KY	40509
Director	CJ Taylor	1890 Star Shoot Pkwy, STE 170-333	Lexington	KY	40509
Director	OB Taylor	1890 Star Shoot Pkwy, STE 170-333	Lexington	KY	40509
Director	L- Taylor	1890 Star Shoot Pkwy, STE 170-333	Lexington	KY	40509

9. Registered Agent/Office

CJ Taylor
c/o R Thomas Esq
1890 Star Shoot Pkwy
Ste 170-333
Lexington, KY 40509

I, **CJ Taylor**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Monday, September 11, 2023

As the Authorized Representative, I, **CJ Taylor**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Officer**