

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
(502) 564-3490
<http://www.sos.ky.gov>

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 **profit corporation**.
2. The name of the entity is: **MASTERCRAFT CASKET COMPANY, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **MASTERCRAFT CASKET COMPANY**
4. The state or country whose law the entity is organized is **North Carolina**.
5. The date of organization is **10/25/1985** and the period of duration is **perpetual**.

7. Principal Office

315 W Parker Street
Graham, NC 27253

8. Required Representatives

Officer	William C Simpson	PO Box 998	Graham	NC	27253
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9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504

I, **Amanda Morehouse** on behalf of **InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, March 31, 2023

As the Authorized Representative, I, **William C Simpson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**