Commonwealth of Kentucky Michael G. Adams, Secretary of State

1360309.06 Michael G. Adams Secretary of State Received and Filed

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Fee receipt: \$90

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 entity is a **limited liability company**.
- 2. The name of the entity is

ARKANSAS HOME CENTER, LLC

- 3. The state or country under whose law the entity is organized is **Arkansas**.
- 4. The date of organization is **4/15/2015** and the period of duration is **perpetual**.
- 5. The mailing address of the entity's principal office is

P.O. Box 1147, Beebe, AR 72012

6. The street address of the entity's registered office in Kentucky is

212 N. 2nd St. STE100, Richmond, KY 40475

and the name of the registered agent at that office is Northwest Registered Agent LLC.

7. The names and business addresses of the entity's representatives:

Manager	Duston Curtsinger	124 Matheny Ln Beebe	AR	72012
Organizer	Duston Curtsinger	124 Matheny Ln Beebe	AR	72012
Manager	Selynna Curtsinger	124 Matheny Ln Beebe	AR	72012
Organizer	Selynna Curtsinger	124 Matheny Ln Beebe	AR	72012
Member	Ashley Hill	124 Matheny Ln Beebe	AR	72012

- 8. This entity is managed by **Managers**.
- 9. This application will be effective on Thursday, April 25, 2024.

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

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this limited liability company company.