



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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ADD  
**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](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

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 WCB Service Corp., Inc.  
(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 Georgia

5. The date of organization is 10/21/2010 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
1017 Front Avenue      Columbus      GA      31901  
**Street Address**      **Email: legal@wcb Bradley.com**      **City**      **State**      **Zip Code**

7. The street address of the entity's registered office in Kentucky is  
421 West Main Street      Frankfort      KY      40601  
**Street Address (No P.O. Box Numbers)**      **City**      **State**      **Zip Code**

and the name of the registered agent at that office is Corporation Service Company

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

Name	Street or P.O. Box	City	State	Zip Code
James G. Hillenbrand, President	1017 Front Avenue	Columbus	GA	31901
Carl J. Watry, Treasurer	1017 Front Avenue	Columbus	GA	31901
Christi H. Johnson, Secretary	1017 Front Avenue	Columbus	GA	31901

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.

Christi H. Johnson      Christi H. Johnson, Secretary      4/11/2023  
**Signature of Authorized Representative**      **Printed Name & Title**      **Date**

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.  
**Type/Print Name of Registered Agent**

By: Nicholas J. House      Nicholas J. House      Assistant Secretary on behalf of Corporation Service Company      04/14/2023  
**Signature of Registered Agent**      **Printed Name**      **Title**      **Date**