

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **limited liability company**.

2. The name of the entity is

GOSHEN AND LUCAS MANUFACTURING CO. LLC

3. The state or country under whose law the entity is organized is **Georgia**.

4. The date of organization is **10/21/2020** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

8500 Franciscan Woods Dr unit 911, Columbus, GA 31909

6. The name of the initial registered agent is

Keela Gore

and the street address of the entity's initial registered office in Kentucky is

7601 Skyview Drive apt 101, Louisville, KY 40272

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

Manager	Kerrie Barnes	Po box 2092, Clarksville, TN 37042
Organizer	Kerrie Barnes	Po box 2092, Clarksville, TN 37042

8. This entity is managed by **Managers**.

9. This filing will be effective on **Tuesday, October 29, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Vice President,
Human Resources: Kerrie Barnes**

I, **Keela Gore**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, October 29, 2024.