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Kentucky Secretary of State

Michael G. Adams

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

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov                         |                                       | ificate of Authority<br>gn Business Entity)   |  | FBE   |  |
|---|---------------------------------------|---|--|---|--|
| Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow   |                                       | eby applies for authority to trans  | act business in Kentucky c                                     | n behalf of the entity named below                                  |  |
| 1. The entity is a: profit corpor<br>business true<br>limited partr<br>non-profit like  | nership                               | nonprofit corporation<br>limited liability company<br>ltd cooperative association<br>professional service corporation | professional lir<br>statutory trust<br>other                   |   |  |
| 2. The name of the entity is ABD Trailer:<br>(The   | name must be identical to             | o the name on record with the   | Secretary of State.)   | ······································                              |  |
| 3. The name of the entity to be used in   |                                       |   | ,  |   |  |
|   |                                       | (Only provide if "real name"  | ' is unavailable for use; o                                    | therwise, leave blank.)   |  |
| <ol> <li>The state or country under whose la</li> <li>The date of organization is <u>12/14/202</u></li> </ol>                   | the onling to organized to_           | Tennessee   |  | · · · · · · · · · · · · · · · · · · ·                               |  |
|   |                                       | and the period of duration is <sup>Perpetual</sup><br>(If left blank, duration is considered perpetual.)              |  |   |  |
| <ol> <li>The mailing address of the entity's p<br/>235 Westgate Dr</li> </ol>   | rincipal office is                    | Union City  | TN   | 20261   |  |
| Street Address  |                                       | City  | State  | 38261<br>Zip Code   |  |
| 7. The street address of the entity's rea   | nistered office in Kentucky is        | •   |  |   |  |
| 212 N. 2nd St. STE 100  | Ĵ                                     | Richmond  | _KY  | 40475   |  |
| Street Address (No P.O. Box Numbe   | rs)                                   | City  | Sta  | te Zip Code   |  |
| and the name of the registered agent a  | t that office is <u>Registe</u>       | red Agents Inc.   |  |   |  |
| 8. The names and business addresses   | of the entity's representativ         | es (secretary, officers and direct  | tors, managers, trustees or                                    | general partners):  |  |
| Dan Frankum   | 235 Westgate Dr                       | Union City  | TN   | 38261   |  |
| Name  | Street or P.O. Box                    | City  | State  | Zip Code  |  |
| Alex Hopkins  | 235 Westgate Dr                       | Union City  | TN   | 38261   |  |
| Name<br>Ben Hopkins   | Street or P.O. Box<br>235 Westgate Dr | <b>City</b><br>Union City   | State<br>TN  | Zip Code<br>38261   |  |
| Name  | Street or P.O. Box                    | City  | State  | Zip Code  |  |
| 9. If a professional service corporation,<br>and treasurer are licensed in one or mo<br>statement of purposes of the corporatio | re states or territories of the       | ers, not less than one half (1/2) o<br>United States or District of Colu  | f the directors, and all of th<br>imbia to render a profession | e officers other than the secretary<br>nal service described in the |  |
| 10. I certify that, as of the date of filing  | his application, the above-n          | amed entity validly exists under  | the laws of the jurisdiction                                   | of its formation.   |  |
| 11. If a limited partnership, it elects to b  | e a limited liability limited pa      | rtnership. Check the box if app   | licable:   |   |  |
| 12. If a limited liability company, chec  | k box if manager-managed              | :   |  |   |  |
| 13. This application will be effective upo  | on filing.                            | Alex Hopkins, Member  | 4/22/  | 2022  |  |
| Signature of Authorized Representative  | 18 page of man                        | Printed Name & Tit  |  | Date  |  |
| I, Registered Agents Inc.<br>Type/Print Name of Registered Agent  |                                       | , consent to serve as the i   | registered agent on behalf                                     | of the business entity.   |  |
| Bill Hame<br>Signature of Registered Agent  |                                       | Havre   | President  | 4/22/2022<br>Date   |  |
| -   |                                       |   |  | 246   |  |



Secretary of State

#### JOHN SIEBOLD

1830 COLONIAL VILLAGE LANE LANCASTER, PA 17601

# Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

April 22, 2022

| Request Type: Certificate of Existence/Authorization |  | Issuance Date: 04/22/2022 |            |         |
|--|--|---------------------------|------------|---------|
| Request #: 0   | 432570   | Copies Request            | ed: 1      |         |
|  | Document Receipt                               |                           |            |         |
| Receipt # : 006580003                                |  | Filing Fee:               |            | \$20.00 |
| Payment-Credit C                                     | Card - State Payment Center - CC #: 3812726535 |                           |            | \$20.00 |
| Regarding:   | ABD Trailers, LLC                              |                           |            |         |
| Filing Type:   | Limited Liability Company - Domestic           | Control # :               | 1150903    |         |
| Formation/Qualification Date: 12/14/2020             |  | Date Formed:              | 12/14/2020 |         |
| Status:  | Active   | Formation Locale:         | TENNESS    | SEE     |
| Duration Term:                                       | Perpetual                                      | Inactive Date:            |            |         |
| Business County:                                     | DAVIDSON COUNTY                                |                           |            |         |

## **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## ABD Trailers, LLC

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 048171633

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