

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1212312.09

kdcoleman ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 6/2/2022 11:12 AM

Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Authority siness Entity)	^	FBE
Pursuant to the provisions of KRS 14A – (and, for that purpose, submits the following		lies for authority to transact	business in Kentucky	on behalf of the entity named belo
business trust limited liab		fit corporation iability company erative association ional service corporation	professional limited liability company statutory trust other	
2. The name of the entity is Book of Life	Fellowship, Inc.	and an expected with the Co		,
	me must be identical to the na	ime on record with the Se	cretary of State.)	
3. The name of the entity to be used in Ke	entucky is (if applicable):(Only	y provide if "real name" is	unavailable for use; o	otherwise, leave blank.)
4. The state or country under whose law t		1		
5. The date of organization is 12-7-20106. The mailing address of the entity's print		and the period of durat	ion is (If left blank, duration	on is considered perpetual.)
99 W Plant St STE 324	opar omos is	Winter Garden	Florida	34787
Street Address		City	State	Zip Code
7. The street address of the entity's regist 4711 Crab Orchard Road	ered office in Kentucky is	Stanford	KY	40484
Street Address (No P.O. Box Numbers)		City	Sta	ate Zip Code
and the name of the registered agent at th	at office is Micah Wilder			
8. The names and business addresses of	the entity's representatives (sec	retary, officers and directors	s, managers, trustees o	r general partners):
Micah Wilder 4	711 Crab Orchard Road	Stanford	KY	40484
	treet or P.O. Box	City	State	Zip Code
	711 Crab Orchard Road	Stanford	KY	40484
	treet or P.O. Box	City	State	Zip Code
	711 Crab Orchard Road treet or P.O. Box	Stanford City	KY State	40484 Zip Code
9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.		less than one half (1/2) of th		ne officers other than the secretary
10. I certify that, as of the date of filing this	application, the above-named e	ntity validly exists under the	laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to be a	limited liability limited partnersh	ip. Check the box if applica	able:	
12. If a limited liability company, check b	ox if manager-managed:			
13. This application will be effective upon f	īling.			
WH WH	Mi	cah Wilder (President)	5-25	5-2022
Signature of Authorized Representative		Printed Name & Title		Date
Micah Wilder Type/Print Name of Registered Agent		consent to serve as the reg	istered agent on behalf	of the business entity.
Mark 1 /		_		
Signature of Registered Agent	Micah Wilde Printed Name	Pr P	resident Title	5-22-2022 - Date