



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

**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)

**FBE**

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 ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is THE CREDIT UNION LOAN SOURCE LLC  
(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): THE CREDIT UNION LOAN SOURCE LLC  
(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 GA

5. The date of organization is 09/02/2004 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
3820 MANSELL ROAD SUITE 140      ALPHARETTA      GA      30022  
Street Address      City      State      Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W MAIN STREET, STE 512      FRANKFORT      KY      40601-1840  
Street Address (No P.O. Box Numbers)      City      State      Zip Code

and the name of the registered agent at that office is BUSINESS FILINGS INCORPORATED

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

HANK HALTER	3250 RIVERWOOD AVE	ALTANTA	GA	30339
Name	Street or P.O. Box	City	State	Zip Code
CHUCK HEAD	3900 CROWN ROAD	ATLANTA	GA	30380
Name	Street or P.O. Box	City	State	Zip Code
DAVID PRETER	1155 PEACHTREE ST, STE 400	ATLANTA	GA	30309
Name	Street or P.O. Box	City	State	Zip Code

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.

Allison Morle      ALLISON MORLE, SVP, COMPLIANCE OFFICER      09/22/2020  
Signature of Authorized Representative      Printed Name & Title      Date

I, Business Filings Incorporated, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

Brenna Lutter      Brenna Lutter      Asst Secretary      9/22/2020  
Signature of Registered Agent      Printed Name      Title      Date