

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/8/2024 1:27 PM Fee Receipt: \$90.00

Division of Business Filings	Certif	icate of Authority		FBE
P.O. Box 718		n Business Entity)		
Frankfort, KY 40602	(1 0.0.9			
(502) 564-3490 www.sos.ky.gov				
www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	 030 the undersigned hereboing statements: 	by applies for authority to transact bus	siness in Kentucky or	behalf of the entity named below
1. The entity is a: profit corpora	ation In	onprofit corporation	professional lim	ited liability company
		nited liability company	statutory trust	
business tru			other	
limited partn	-	d cooperative association	otnei	
non-profit llc		ofessional service corporation		
2. The name of the entity is Gonzalez-St	rength & Associates, Inc.	ul distribution of the comment	of Ododo \	·
(The	name must be identical to	the name on record with the Secret	ary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):	(Only provide if "real name" is una		hamilian lagua blank)
			avallable for use; of	nerwise, leave blank.)
4. The state or country under whose la	w the entity is organized is A			·
5. The date of organization is		and the period of duration		is considered perpetual.)
6. The mailing address of the entity's p	rincipal office is	,		,
1550 Woods of Riverchase Dr., Suite 200	·	Hoover	AL	35244
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is			
828 Lane Allen Road Suite 219		Lexington	KY	40504
Street Address (No P.O. Box Number	rs)	City	Stat	e Zip Code
and the name of the registered agent at	that office is Registered Agen	t Solutions, Inc.		
8. The names and business addresses			anagers, trustees or	general partners):
Mark R. Gonzalez - CEO, President, Director	2833 Berkelev Drive	Birmingham	AL	35242
	Street or P.O. Box	City	State	Zip Code
Name		<u> </u>		
Name Jon P. Strength - CFO, VP Director	1190 Stagg Run Trail	Indian Springs	AL	35124
	1190 Stagg Run Trail Street or P.O. Box	Indian Springs City	State	35124 Zip Code
Jon P. Strength - CFO, VP Director				Zip Code 35062
Jon P. Strength - CFO, VP Director Name	Street or P.O. Box	City	State	Zip Code
Jon P. Strength - CFO, VP Director Name Michael Bridges - Secretary Name	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box	City Dora City	State AL State	Zip Code 35062 Zip Code
Jon P. Strength - CFO, VP Director Name Michael Bridges - Secretary	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder states or territories of the large states.	City Dora City s, not less than one half (1/2) of the d	State AL State	Zip Code 35062 Zip Code e officers other than the secretary
Jon P. Strength - CFO, VP Director Name Michael Bridges - Secretary Name 9. If a professional service corporation, and treasurer are licensed in one or mo	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder or e states or territories of the line.	City Dora City s, not less than one half (1/2) of the d United States or District of Columbia t	State AL State irectors, and all of the orender a profession	Zip Code 35062 Zip Code e officers other than the secretary all service described in the
Jon P. Strength - CFO, VP Director Name Michael Bridges - Secretary Name 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder are states or territories of the line. this application, the above-nations are stated to the state of the line.	City Dora City s, not less than one half (1/2) of the d United States or District of Columbia to	State AL State irectors, and all of the orender a profession was of the jurisdiction of	Zip Code 35062 Zip Code e officers other than the secretary all service described in the
Name Michael Bridges - Secretary Name 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation 10. I certify that, as of the date of filing the service corporation of the co	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder or estates or territories of the line. this application, the above-nation is a limited liability limited particular and the street of the line.	City Dora City s, not less than one half (1/2) of the d United States or District of Columbia t med entity validly exists under the law	State AL State irectors, and all of the orender a profession was of the jurisdiction of	Zip Code 35062 Zip Code e officers other than the secretary all service described in the
Name Michael Bridges - Secretary Name 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation 10. I certify that, as of the date of filing the service corporation of the co	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder or e states or territories of the line. this application, the above-name a limited liability limited park box if manager-managed	City Dora City s, not less than one half (1/2) of the d United States or District of Columbia t med entity validly exists under the law	State AL State irectors, and all of the orender a profession was of the jurisdiction of	Zip Code 35062 Zip Code e officers other than the secretary all service described in the
Name Michael Bridges - Secretary Name 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation 10. I certify that, as of the date of filing the service corporation of the co	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder or e states or territories of the line. this application, the above-name a limited liability limited park box if manager-managed	City Dora City s, not less than one half (1/2) of the d United States or District of Columbia t med entity validly exists under the law thership. Check the box if applicable	State AL State irectors, and all of the orender a profession was of the jurisdiction of	Zip Code 35062 Zip Code e officers other than the secretary all service described in the of its formation.
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Name Michael Bridges - Secretary Name 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation 10. I certify that, as of the date of filing the service corporation of the co	Street or P.O. Box 381 Sonnys Ln. Street or P.O. Box all the individual shareholder or e states or territories of the line. this application, the above-name a limited liability limited park box if manager-managed	City Dora City s, not less than one half (1/2) of the d United States or District of Columbia t med entity validly exists under the law thership. Check the box if applicable	State AL State irectors, and all of the orender a profession was of the jurisdiction	Zip Code 35062 Zip Code e officers other than the secretary hal service described in the of its formation.

Ryan DeAnda

Printed Name

Asst. Secretary

Title

8/8/2024

Date

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.