

Approved by KY DFI  
04/02/2025  
/s/ Sara Smith  
Examiner II



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

**1443714.06**

m Moore  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
4/2/2025 1:48 PM  
Fee Receipt: \$90.00

**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)

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 Atlantic Avenue Mortgage, LLC  
(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Florida

5. The date of organization is 08/30/2022 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
1 South Swinton Avenue Delray Beach FL 33444  
**Street Address** **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road, #219 Lexington KY 40504  
**Street Address (No P.O. Box Numbers)** **City** **State** **Zip Code**

and the name of the registered agent at that office is Paracorp Incorporated

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

|               |                           |              |              |                 |
|---------------|---------------------------|--------------|--------------|-----------------|
| Eric Manley   | 1 South Swinton Avenue    | Delray Beach | FL           | 33444           |
| <b>Name</b>   | <b>Street or P.O. Box</b> | <b>City</b>  | <b>State</b> | <b>Zip Code</b> |
| Kevin Jurrius | 1 South Swinton Avenue    | Delray Beach | FL           | 33444           |
| <b>Name</b>   | <b>Street or P.O. Box</b> | <b>City</b>  | <b>State</b> | <b>Zip Code</b> |
| <b>Name</b>   | <b>Street or P.O. Box</b> | <b>City</b>  | <b>State</b> | <b>Zip Code</b> |

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 the box if manager-managed: ☐

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: ☐

|   |  |                                      |             |
|---|--|--------------------------------------|-------------|
| Eric Manley                                   | Digitally signed by Eric Manley<br>Date: 2025.03.26 17:53:54 -04'00' | Eric Manley; Chief Executive Officer | 03/26/2025  |
| <b>Signature of Authorized Representative</b> |  | <b>Printed Name &amp; Title</b>      | <b>Date</b> |

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

see attached addendum

|                                      |                     |              |             |
|--------------------------------------|---------------------|--------------|-------------|
| <b>Signature of Registered Agent</b> | <b>Printed Name</b> | <b>Title</b> | <b>Date</b> |
|--------------------------------------|---------------------|--------------|-------------|

# STATE OF KENTUCKY

## REGISTERED AGENT CONSENT FORM

DATE: 03/27/2025

COMPANY NAME: Atlantic Avenue Mortgage, LLC

### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
828 Lane Allen Road, Suite 219  
Lexington, KY 40504

Paracorp Incorporated hereby accepts appointment as registered agent for and on behalf of the above-referenced company.



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Leticia Herrera, Assistant Secretary  
Paracorp Incorporated