

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101
1371416.09
Michael G. Adams
Secretary of State
Received and Filed
6/12/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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**.

2. The name of the entity is

NET Recovery Corp

3. The name of the entity to be used in Kentucky is

NET Recovery Corp

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

5. The date of organization is **4/2/2018** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

103 Wind Haven Dr Ste 205, Nicholasville, KY 40356

7. The name of the initial registered agent is

David Meyers

and the street address of the entity's initial registered office in Kentucky is

103 Wind Haven Dr Ste 205, Nicholasville, KY 40356

8. The names and business addresses of the entity's representatives:

Registered Agent	David Meyers	103 Wind Haven Dr Ste 205, Nicholasville, KY 40356
Authorized Rep	David Meyers	103 Wind Haven Dr Ste 205, Nicholasville, KY 40356
President	David Meyers	103 Wind Haven Dr Ste 205, Nicholasville, KY 40356
Officer	Joseph Winston	103 Wind Haven Dr Ste 205, Nicholasville, KY 40356

9. This application will be effective on **Wednesday, June 12, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **David Meyers**

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I, **David Meyers**, consent to sign for **David**
as the Registered Agent on behalf of this ent
June 12, 2024.

