

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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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 business entity is a **profit corporation**.
2. The name of the entity is: **ALPHA DEMOLITION INC.**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **3/20/2017** and the period of duration is **perpetual**.

5. Principal Office

257 Siefferman Road
West Harrison, IN 47060

6. Registered Agent/Office

Jeff Everson
22 Pinehill Drive
Highland Heights, KY 41076

I, **Jeff Everson**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, November 14, 2023

As the Authorized Representative, I, **Nicole Caudill**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**