

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Fee receipt: \$90.00

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 business entity is a **profit corporation**.
2. The name of the entity is: **BARRETT, WOODYARD & ASSOCIATES, INC.**
3. The state or country whose law the entity is organized is **Georgia**.
4. The date of organization is **4/8/2024** and the period of duration is **perpetual**.
This Filing is Effective on Monday, April 8, 2024

5. Principal Office

3495 Holcomb Bridge Rd
Norcross, GA 30092

6. Required Representatives

Officer	Steve Brewer	3495 Holcomb Bridge Rd	Norcross	GA	30092
Officer	Steve Luttrell	3495 Holcomb Bridge Rd	Norcross	GA	30092
Director	Steve Brewer	3495 Holcomb Bridge Rd	Norcross	GA	30092
Director	Steve Luttrell	3495 Holcomb Bridge Rd	Norcross	GA	30092
Director	Charles Lester	3495 Holcomb Bridge Rd	Norcross	GA	30092
Director	Woodyard	3495 Holcomb Bridge Rd	Norcross	GA	30092
Director	Jeffery Lowery	3495 Holcomb Bridge Rd	Norcross	Ga	30092
Director	Michael S Barrett	3495 Holcomb Bridge Rd	Norcross	GA	30092
Director	Thomas William Kelly	3495 Holcomb Bridge Rd	Norcross	GA	30092

7. Registered Agent/Office

Registered Agents Inc
212 N. 2nd Street, STE 100
Richmond,, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, April 8, 2024

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