

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

4/3/2024 1:42:55 PM

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 **limited liability company**.
2. The name of the entity is: **PARK SUPPLY CO.**
3. The name of the entity to be used in Kentucky is (if applicable): **PARK SUPPLY CO. LLC**
4. The state or country whose law the entity is organized is **Alabama**.
5. The date of organization is **11/19/2021** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, April 3, 2024
6. This entity is managed by Managers

7. Principal Office

4736 Commercial Dr NW
Huntsville, AL 35816-2204

8. Required Representatives

Manager	Kevin Casey	4736 Commercial Dr NW	Huntsville	AL	35816-2204
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9. Registered Agent/Office

C T Corporation System
306 W Main St Ste 512
Frankfort, KY 40601

I, **C T Corporation System**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, April 3, 2024

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