

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

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Elaine N. Walker, Secretary of State

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE	
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	nd KRS 271B, 273, 274,275, 36, for that purpose, submits the fo	2 and 386 the undersigned hereb flowing statements:	y applies for authority	to transact business in Kentucky	
1. The entity is a: profit corp business t	fit corporation (KRS 273). professional service corporation (KRS 274). professional limited liability company (KRS 275).				
2. The name of the entity is Carr, Rig	ggs & Ingram, L.L.C. ist be identical to the name on rec	ord with the Secretary of State.)			
3. The name of the entity to be used in i	Kentucky is (if applicable):(Only	provide if "real name" is unavailable	for use; otherwise, leav	re blank.)	
4. The state or country under whose law	the entity is organized is Alab	ama			
5. The date of organization is Novem		and the period of duration is	Perpetual		
6. The malling address of the entity's pri		and the posted of default in	(If left blan	k, the period of duration sidered perpetual.)	
1117 Boll Weevil	•	Enterprise	Alabama	36330	
Street Address		City	State	Zip Code	
7. The street address of the entity's regi	stered office in Kentucky is				
927 College Street		Bowling Green	Kentucky	42101	
Street Address (No P.O. Box Numbers)	Adillo I Addista	City	State	Zip Code	
and the name of the registered agent at t	hat office is IVIIIS L. VVIIIE	, Jſ.			
8. The names and business addresses of			inagers, trustees or ge	neral partners);	
William H. Carr	P.O. Box 311070	Enterprise	Alabama	36331	
	Street or P.O. Box	City	State	ZIp Code	
Name	Street or P.O. Box	City	State	ZIp Code	
Name	Street or P.O. Box	City	State	ZIp Code	
If a professional service corporation, a and treasurer are ficensed in one or more statement of purposes of the corporation.	states or territories of the Unite	t less than one half (1/2) of the dir d States or District of Columbia to	rectors, and all of the c render a professional	officers other than the secretary	
10. I certify that, as of the date of filing th		•	<u> </u>	ls formation.	
11. If a limited partnership, it elects to t	pe a limited liability limited part	nership. Check the box if appli	cable:		
12. This application will be effective upon The effective date or the delayed effective	filing, unless a delayed effective e date cannot be prior to the dat	e date and/or time is provided, e the application is filed. The date			
Vienlan	\	William H. Carr, Chairm	i i	nd effective date and/or time) -25-20 //	
Signature of Authorized Representative		Printed Name & Title		Date	
, Mills L. White, Jr.		, consent to serve as the registered agent on behalf of the business entity.			
Mills Liket.	. A. Mills L. V	White, Jr. Mer	mber	9/2/11	
Signature of Registered Agent	Printed Name			Date	