

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

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Michael G. Adams
Secretary of State
Received and Filed
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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 **nonprofit corporation**.

2. The name of the entity is

STARFISH DISASTER RECOVERY, INC.

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **1/7/2024** and the period of duration is **perpetual**.

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

186 SW Range Ave, Madison, FL 32340

6. The name of the initial registered agent is

Rachel Jenkins

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

193 Cottage Row, Jenkins, KY 41537

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

Director Sharon Alloway 177 SW Range Ave, Box 186, Madison, FL 32340

8. This filing will be effective on **Tuesday, February 18, 2025**.

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 **Ground Operations**
Director: Sharon Alloway

I, **Rachel Jenkins**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, February 18, 2025.