

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1304831.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

8/30/2023 2:29 PM Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
rankfort, KY 40602
502) 564-3490
www.sos.kv.gov

Certificate of Authority

(Foreign Business Entity)

FBE

www.sos.ky.gov					
Pursuant to the provisions of and, for that purpose, submit		ereby applies for authority to	transact business in Kenti	ucky on behalf of the entity named below	
1. The entity is a: X	profit corporation	tion nonprofit corporation		professional limited liability company	
	ousiness trust	limited liability company		statutory trust	
	imited partnership	Itd cooperative association	100	enefit corporation	
	non-profit IIc	professional service corpor	The second secon		
	MARK SHALL STATE OF THE STATE O	professional service corpor	outor.		
2. The name of the entity is	(The name must be identical	to the name on record with	n the Secretary of State.)	-	
3. The name of the entity to	be used in Kentucky is (if applicable):		, the state to be block to	
4 The state or country und	er whose law the entity is organized is		ame" is unavailable for t	use; otherwise, leave blank.)	
5. The date of organization		and the period	of duration is		
5. The date of organization	5 00/23/2022	and the period		uration is considered perpetual.)	
6. The mailing address of the					
11550 N Meridian St. St	te 325	Carmel	IN	46032	
Street Address		City	State	Zip Code	
	entity's registered office in Kentucky			40/01	
306 W. Main Street, Sui		Frankfort	KYKY	40601 State Zip Code	
Street Address (No P.O. B			щ	State Zip Code	
	red agent at that office is CT Corp		F 1 2 2 2 2 1 2 1		
8. The names and business	s addresses of the entity's representa	tives (secretary, officers and	directors, managers, trust	ees or general partners):	
Brian Carrico	11550 N Meridian St.	STRUCK CONTROL CONTROL	IN	46032	
Name	Street or P.O. Box	City	State	Zip Code	
Christopher Robin Brov			IN Out	46032	
Name Timothy Henrichs	Street or P.O. Box 324 Leitch Avenue	City La Grange	State IL	Zip Code 60525	
Name	Street or P.O. Box	City	State	Zip Code	
If a professional service of and treasurer are licensed is statement of purposes of the statement of purposes of the statement of purposes.	n one or more states or territories of t	ders, not less than one half he United States or District o	(1/2) of the directors, and a of Columbia to render a pro	all of the officers other than the secretary of sessional service described in the	
The second secon	ate of filing this application, the above			liction of its formation.	
11. If a limited partnership,	t elects to be a limited liability limited	partnership. Check the box	if applicable:		
12. If a limited liability com	pany, check box if manager-manag	ed:			
13. This application will be	effective upon filing.				
John D Sol		John G. Seale, CP.	A.CITP (Treasurer)	8/22/23	
Signature of Authorized Repr	esentative	Printed Nam		Date	
I, C T Corporation System Type/Print Name of Registe	em red Agent	, consent to serve a	as the registered agent on t	behalf of the business entity.	
C T Corporati	on System / /	Eric Jensen	Assistant Se	ecretary 08/29/2023	
By: Signature of Registered Agen	t My My Prin	ted Name	Title	Date	
organizate of Mediatered Agen	//	tou italie	1100		

Additional Directors:

Bradley Mitch Watkins - 10322 Medicis Place Wellington, FL 46204 Beth Keyser - 20 Virginia Avenue Indianapolis, IN 46204

List of Officers:

Brian Carrico (President) - 12980 Featherbell Blvd, Carmel, IN
Daniel Clarence (Vice President) -10461 W Grandview Drive, Columbus, IN 47201
Thomas Carrico (Secretary) - 13213 W County Line Rd, Moores Hill, IN 47032
John Seale (Treasurer) - 224 N Broadway Street, Greensburg, IN 47240