

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **TOTAL FIRE PROTECTION, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **TOTAL FIRE PROTECTION OF MICHIGAN INC.**
4. The state or country whose law the entity is organized is **Michigan**.
5. The date of organization is **6/26/1991** and the period of duration is **perpetual**.

7. Principal Office

5385 Patterson Avenue SE
Grand Rapids, MI 49512

8. Required Representatives

Officer	Ryan Goossens	5358 Patterson Avenue SE	Grand Rapids	MI	49512
Officer	Paul Schmidt	5358 Patterson Avenue SE	Grand Rapids	MI	49512
Officer	Jonathan Goossens	5385 Patterson Avenue SE	Grand Rapids	MI	49512

9. Registered Agent/Office

Corporate Creations Network, Inc.
101 North Seventh Street
Louisville, KY 40202

I, **Marie Edwards**, consent to sign for **Corporate Creations Network, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, October 12, 2023

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