

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

P101

1371031.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
6/11/2024 12:00:00 AM  
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

**Professional Project Partners Inc**

3. The name of the entity to be used in Kentucky is

**Professional Project Partners Inc**

4. The state or country under whose law the entity is organized is **Iowa**.

5. The date of organization is **8/6/2003** and the period of duration is **perpetual**.

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

**1300 Walnut St Ste 200, Des Moines, IA 50309**

7. The name of the initial registered agent is

**Ashley Scott**

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

**1024 Greendale Rd Unit 5203, Lexington, KY 40511**

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

<b>Registered Agent</b>	Ashley Scott	1024 Greendale Rd Unit 5203, Lexington, KY 40511
<b>Authorized Rep</b>	Ashley Scott	1300 Walnut St Ste 200, Des Moines, IA 50309
<b>Officer</b>	Troy Krueger	1300 Walnut St Ste 200, Des Moines, IA 50309

9. This application will be effective on **Tuesday, June 11, 2024**.

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 **Authorized Rep:**  
**Ashley Scott**

I, **Ashley Scott**, consent to sign for **Ashley Scott** who serves as

the Registered Agent on behalf of this entity  
2024.

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