

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 **nonprofit corporation**.
2. The name of the entity is: **MY BROTHERSSS**
3. The name of the entity to be used in Kentucky is (if applicable): **MY BROTHERSSS CORPORATION**
4. The state or country whose law the entity is organized is **Tennessee**.
5. The date of organization is **8/21/2020** and the period of duration is **perpetual**.

**7. Principal Office**

318 Locust Street  
Guthrie, Ky 42234

**8. Required Representatives**

<b>Officer</b>	JoAnn Garland	23 Blue Spruce Rd	Clarksville	Tn	37043
<b>Director</b>	Antonio Johnson	1374 Archer Place	Clarkville	TN	37043
<b>Secretary</b>	Keuntae Mimms	636 Johnson St	Guthrie	KY	42234

**9. Registered Agent/Office**

Timothy Edward Mimms  
318 Locust Street  
Guthrie, KY 42234

I, **Timothy Edward Mimms**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Thursday, January 19, 2023

As the Authorized Representative, I, **Timothy Edward Mimms**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Founder**