

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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

AFFILIATED FINANCIAL GROUP, INC.

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

4. The date of organization is **7/17/2024** and the period of duration is **perpetual**.

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

4950 Elk River Road S PO Box 418, Elkview, WV 25071

6. The name of the initial registered agent is

Kimberly Whitt

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

5719 Daniels Fork, Ashland, KY 41102

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

| | | |
|-----------------|----------------|--------------------------------------|
| Director | Randy Young | PO Box 418, Elkview, WV 25071 |
| Officer | Kimberly Whitt | 5719 Daniels Fork, Ashland, KY 41102 |

8. This application will be effective on **Wednesday, July 17, 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 **President/Owner:**
Randy Young

I, **Kimberly Whitt**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, July 17, 2024.