



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
4/24/2024 11:10 AM  
Fee Receipt: \$90.00

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

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☐ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation  
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is AF EAGLE PARENT, INC.  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 05/02/2023 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
540 Devall Drive Suite 301 Auburn AL 36832

Street Address	City	State	Zip Code
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7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road, Suite 219 Lexington KY 40504

Street Address (No P.O. Box Numbers)	City	State	Zip Code
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and the name of the registered agent at that office is Incorporating Services, Ltd.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
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Michael Lawler	540 Devall Drive Suite 301 Auburn AL 36832			
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Charles Kallenbach	540 Devall Drive Suite 301 Auburn AL 36832			
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Name	Street or P.O. Box	City	State	Zip Code
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Name	Street or P.O. Box	City	State	Zip Code
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9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Signature of Authorized Representative	Printed Name & Title	Date
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I, Incorporating Services, Ltd., consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

<u>Rhonda Wilkins</u>	Rhonda Wilkins , Asst Secretary	04/23/2024
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Signature of Registered Agent	Printed Name	Title	Date
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