

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  
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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: **CINCINNATI OFF-ROAD ALLIANCE**
3. The name of the entity to be used in Kentucky is (if applicable): **CINCINNATI OFF-ROAD ALLIANCE INCORPORATED**
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **5/7/1997** and the period of duration is **perpetual**.

**7. Principal Office**

PO BOX 14587  
Cincinnati, OH 45202

**8. Registered Agent/Office**

Jason Reser  
1011 Rose Circle  
Park Hills, KY 41011

I, **Jason Reser**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Monday, June 12, 2023

As the Authorized Representative, I, **Jason Reser**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Trail Development Director**