

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings	Certificate of Authority			FBE
Business Filings PO Box 718	(Foreign Business Ent			
Frankfort, KY 40602	, v overgree and a			
(502) 564-3490				
www.sos.ky.gov	L			
Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 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 (KRS 271B). nonprofit corporation (KRS 273). professional service corporation (KRS 274).				
business trust (KRS 386). Ilmited liability company (KRS 275). professional limited liability company (KRS 275).				
limited partnership (KRS 362).				
3. The name of the entity is Martin Consulting LLC				
2. The fighte of the entity is				
(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): Martin Consulting Services LLC				
(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 West Virginia				
5. The date of organization is 02/01/2014 and the period of duration is				
5. The date of organization is		and the period of duration i		fleft blank, the period of duration
-			ν.	is considered perpetual.)
6. The mailing address of the entity's pri				0.7.7.0
1508 Jefferson Boulevard		Point Pleasant	WV	25550
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
2817 Cumberland Avenu	•	Ashland	KY	41102
Street Address (No P.O. Box Numbers)		City	State	Zip Code
,	that office is Christopher Cla	•	•	<b>2.p</b> 0000
and the name of the registered agent at that office is				
8. The names and business addresses	of the entity's representatives (secretar	y, officers and directors, m	anagers, truste	es or general partners):
Time Moutin	1509 Jofferson Boulevord	Daint Blaccant	WV	2550
	1508 Jefferson Boulevard			25550
	Street or P.O. Box	City	State	Zip Code
Geoffrey Martin	1508 Jefferson Boulevard	Point Pleasant	WV	25550
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
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 th	is application, the above-named entity	validly exists under the law	s of the jurisdi	ction of its formation.
11. If a limited partnership, it elects to	be a limited liability limited partnersh	ip. Check the box if appl	icable:	
12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.  The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is				
•	·			(Delayed effective date and/or time)
	Geof	frey Martin, Vice F	President	
Signature of Authorized Representative		Printed Name & Title		Date
Christophor Clarks				
Christopher Clarke Type/Pript Name of Registered Agent Type/Pript Name of Registered Agent				
Chtober &/Xo	Christopher	Clarke Reg	gistered A	gent
Signature of Registered Agent	Printed Name	Title	)	Date
(01/12)				