

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
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<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 **profit corporation**.
2. The name of the entity is: **FINKLE-WILLIAMS, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Kansas**.
5. The date of organization is **2/27/1998** and the period of duration is **perpetual**.

7. Principal Office

8787 Renner Blvd Suite 100
Lenexa, KS 66219

8. Required Representatives

Officer	Gregory R. Finkle	8787 Renner Blvd Lenexa Suite 100	KS	66219
Officer	David A. Williams	8787 Renner Blvd Lenexa Suite 100	KS	66219

9. Registered Agent/Office

LicenseSure, LLC.
6844 Bardstown Rd # 536
Louisville, KY 40291

I, **Patricia Harris**, consent to sign for **LicenseSure, LLC.** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, May 10, 2023

As the Authorized Representative, I, **Gregory R. Finkle**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**