

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
Received and Filed
2/19/2025 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
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 entity is a **profit corporation**.

2. The name of the entity is

P PERKINS INC

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

4. The date of organization is **2/19/2023** and the period of duration is **perpetual**.

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

4714 WOODED OAK CIRCLE, Louisville, KY 40245

6. The name of the initial registered agent is

Phillip Perkins

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

4714 WOODED OAK CIRCLE, Louisville, KY 40245

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

Officer	Phillip Perkins	4714 WOODED OAK CIRCLE, Louisville, KY 40245
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8. This filing will be effective on **Wednesday, February 19, 2025**.

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 **Owner: Phillip Perkins**

I, **Phillip Perkins**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, February 19, 2025.