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

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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

### **Byers & Harvey Inc**

3. The name of the entity to be used in Kentucky is

#### Byers & Harvey Inc

- 4. The state or country under whose law the entity is organized is **Tennessee**.
- 5. The date of organization is 6/23/1958 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

#### 1820 Business Park Dr, Clarksville, TN 37040

7. The street address of the entity's registered office in Kentucky is

#### 207 E 9th St, Hopkinsville, KY 42240

and the name of the registered agent at that office is **Bradley Jackson**.

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

Registered Agent	Bradley Jackson	207 E 9th St	Hopkinsville	KY	42240
Accountant	Brittany Singer	324 Franklin St	Clarksville	TN	37040
Officer	Bradley Jackson	207 E 9th St	Hopkinsville	KY	42240
Authorized Rep	Brittany Singer	324 Franklin St	Clarksville	TN	37040

9. This application will be effective on Wednesday, April 24, 2024.

As the Authorized Representative, I, **Brittany Singer**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep** 

I, **Bradley Jackson**, consent to sign for **Bradley Jackson** who serves as the **Registered Agent** on behalf of this profit corporation company.