

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

P101

1396052.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/18/2024 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

**Doran Jones Inc**

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

**Doran Jones Inc**

4. The state or country under whose law the entity is organized is **New Jersey**.

5. The date of organization is **7/1/2010** and the period of duration is **perpetual**.

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

**101 S Tryon St Ste 27, Charlotte, NC 28280**

7. The name of the initial registered agent is

**Mike Vaccaro**

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

**2005 Terrace Ct, Florence, KY 41042**

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

<b>Registered Agent</b>	Mike Vaccaro	2005 Terrace Ct, Florence, KY 41042
<b>Officer</b>	Mike Vaccaro	2005 Terrace Ct, Florence, KY 41042
<b>Authorized Rep</b>	Robert Toole	110 Wesley St Unit 657, Manlius, NY 13104

9. This filing will be effective on **Wednesday, September 18, 2024**.

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 **Authorized Rep:**  
**Robert Toole**

I, **Mike Vaccaro**, consent to sign for **Mike Vaccaro** who serves as

the Registered Agent on behalf of this entity  
September 18, 2024.

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