



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1103553.06

Bdennis  
L902

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
7/10/2020 4:00 PM  
Fee Receipt: \$90.00

Division of Business Filings  
Business Filings  
PO Box 718, Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Authority  
(Foreign Business Entity)

FBE

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). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)
2. The name of the entity is Collier Construction Services, LLC  
(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): \_\_\_\_\_  
(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 OHIO
5. The date of organization is 06/04/2018 and the period of duration is \_\_\_\_\_  
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
P.O. Box 127; 1661 State Route 522, Unit 3  
Street Address City State Zip Code  
Wheelersburg Ohio 45694

7. The street address of the entity's registered office in Kentucky is  
212 N. 2nd St. STE 100  
Street Address (No P.O. Box Numbers) City State Zip Code  
Richmond KY 40475

and the name of the registered agent at that office is Registered Agents Inc

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Marilyn J. Collier	421 Edmond Drive	Wheelersburg	OH	45694
Name	Street or P.O. Box	City	State	Zip Code
Matthew S. Collier	421 Edmond Drive	Wheelersburg	OH	45694
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 this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. 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 \_\_\_\_\_

Please indicate the Kentucky county in which your business operates:

County: \_\_\_\_\_

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☒ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- ☐ Agriculture ☐ Mining ☐ Services ☒ Construction  
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☐ Finance, Insurance, Real Estate  
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services  
☐ Other

Signature of Authorized Representative

I, Registered Agents Inc

Type/Print Name of Registered Agent

Adam J. Forshey

Printed Name & Title

07/10/2020

Date

consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent

Bill Havre  
Printed Name

President  
Title

07/10/2020  
Date

(05/17)