

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  
(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 business entity is a **profit corporation**.
2. The name of the entity is: **THE PEGGS COMPANY, INC.**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **California**.
5. The date of organization is **11/1/2022** and the period of duration is **perpetual**.

**7. Principal Office**

4851 FELSPAR ST  
RIVERSIDE, CA 92509

**8. Required Representatives**

Director	BRETT NELSON	4851 FELSPAR ST	RIVERSIDE	CA	92509
Director	ANNE NELSON	4851 FELSPAR ST	RIVERSIDE	CA	92509
Director	CHRESTEN NELSON	4851 FELSPAR ST	RIVERSIDE	CA	92509

**9. Registered Agent/Office**

REGISTERED AGENT SOLUTIONS, INC.  
828 LANE ALLEN RD  
LEXINGTON, KY 40504

I, **LESLIE AMADOR**, consent to sign for **REGISTERED AGENT SOLUTIONS, INC.** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, November 9, 2022

As the Authorized Representative, I, **BRETT NELSON**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **DIRECTOR/PRESIDENT**