

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 **limited liability company**.
2. The name of the entity is: **JACON CONSTRUCTORS, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Arkansas**.
5. The date of organization is **10/9/2018** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

219 RIDGE DRIVE
GREENBRIER, AR 72058

8. Required Representatives

Member	Jose Aldebot	PO Box 1567	Benton	AR	72018
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9. Registered Agent/Office

United States Corporation Agents, Inc.
9900 Corporate Campus Drive
Suite 3000
Louisville, KY 40223

I, **Cheyenne Moseley**, consent to sign for **United States Corporation Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, October 11, 2023

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