

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
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<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: **APPALACHIAN DEVELOPMENT GROUP LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **5/19/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

P.o. box 1131
Hazard, KY 41702

7. Registered Agent/Office

Trajon Campbell
18788 Hwy 476
Hazard, KY 41701

I, **Trajon Campbell**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, January 3, 2024

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