

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: **MORRISON, EKRE & BART MANAGEMENT SERVICES, INC.**
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 **Arizona**.
5. The date of organization is **1/2/1997** and the period of duration is **perpetual**.

**7. Principal Office**

11201 N Tatum Blvd STE 260  
Phoenix, AZ 85028

**8. Required Representatives**

Director	Scott Cook	11201 N Tatum Blvd STE 260	Phoenix	AZ	85028
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**9. Registered Agent/Office**

Registered Agent Solutions Inc  
828 Lane Allen Road, suite 219  
Lexington, KY 40504

I, **Registered Agent Solutions Inc**, consent to sign for **Registered Agent Solutions Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, June 9, 2023

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