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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/21/2014 12:00 AM Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authorit (Foreign Business Er	The second se		FBE
 on behalf of the entity named below 1. The entity is a : prof busic 	iness trust (KRS 386). 🛛 limited li		3). 💭 profess	authority to transact business in Kentucky ional service corporation (KRS 274). ional limited liability company (KRS 275).
2. The name of the entity is Tra	ed partnership (KRS 362). nsitional Goal Achievers, me must be identical to the name on record v		te.)	
 The name of the entity to be us The state or country under who 	(Only provi Nebra	ide if "real name" is una SKA	vailable for use; other	wise, leave blank.)
5. The date of organization is No.	JV. 12, 1337	and the period of du		If left blank, the period of duration
6. The mailing address of the entit	ty's principal office is			is considered perpetual.)
504 Ravenna Lane		Lexington	KY	40515
Street Address		City	State	Zip Code
7. The street address of the entity 504 Ravenna Lane	's registered office in Kentucky is	Lexington	KY	40515
Street Address (No P.O. Box Number	rs)	City	State	Zip Code
and the name of the registered ag	ent at that office is John Eggers			
	esses of the entity's representatives (secre	tary, officers and direct	tors, managers, trust	ees or general partners):
John Eggers	504 Ravenna Lane	Lexington	KY	40515
Name	Street or P.O. Box	City	State	Zlp Code
Glenda Eggers	504 Ravenna Lane	Lexington	KY	40515
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
 If a professional service corpora and treasurer are licensed in one of statement of purposes of the corporation 	ation, all the individual shareholders, not lea or more states or territories of the United St oration.	tates or District of Colu	f the directors, and a mbia to render a pro	il of the officers other than the secretary fessional service described in the
10. I certify that, as of the date of f	iling this application, the above-named ent	ity validly exists under	the laws of the jurisd	liction of its formation.
11. If a limited partnership, it ele	cts to be a limited liability limited partner	ship. Check the box	if applicable:	
12. This application will be effectiv The effective date or the delayed of	e upon filing, unless a delayed effective da effective date cannot be prior to the date th	te and/or time is provid e application is filed. T	ted. The date and/or time	18
(10 C		hn Eggers, Pr	resident	(Delayed effective date and/or time)
Signature of Authorized Representat	live JUI	Printed Name & Tit		10/20/2014 Date
John Eggers, Pres	ident	onsent to serve as the	registered agent on t	pehalf of the business entity.
Type/Print Name of Registered Age	ent			
John Eac	John Egg	jers	President	10/20/2014
Signature of Registered Agent (01/12)	Printed Name		Title	Date /