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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/8/2022 2:38 PM Fee Receipt: \$90.00

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COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Au (Foreign Business Er			FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			hereby applies for author	ity to transact business in Kentucky
	tion (KRS 271B)	profit corporation (KRS 273)		ervice corporation (KRS 274)
		nan na ana ana ana ana ana ana ana ana		mited liability company (KRS 275)
business trus		ed liability company (KRS 27		
Iimited partne		poperative assn. (KRS) perative assn. (KRS)	statutory trust	
2. The name of the entity is Austin Sa	C 20 1	· · · · ·		
(The name of the entity is(The name	ne must be identical to the name	on record with the Secretary of	of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable): Aus	tin Sales, LLC		
	(C	only provide if "real name" is u	navailable for use; otherwis	se, leave blank.)
4. The state or country under whose law				·
5. The date of organization is October	1.2002	and the period of du		s considered perpetual.)
6. The mailing address of the entity's pr	incipal office is		(in felt blank, duration)	s considered perpetadily
1793 Dry Fork Road		Vansant	VA	24656
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is			
421 West Main Street		Frankfort	KY	40601
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at	that office is Corporation Se	rvice Company		
8. The names and business addresses	of the entity's representatives (secretary, officers and direct	ors, managers, trustees o	r general partners):
Virlo Stiltner, Jr	1793 Dry Fork Road Street or P.O. Box	Vansant	VA State	24656 Zip Code
Name Virlo James Andrew Stiltner	1793 Dry Fork Road	Vansant	VA	24656
Name	Street or P.O. Box	City	State	Zip Code
Dennis Christensen	2795 E Cottonwood Parkw	ay Sui Salt Lake City	UT	84121
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the ind more states or territories of the United States or I	District of Columbia to render a profess	sional service described in the state	ement of purposes of the corpor	ation.
10. I certify that, as of the date of filing t 11. If a limited partnership, it elects to b	his application, the above-hame	ed entity validly exists under		for its formation.
12. If a limited liability company, chec				
13. This application will be effective upo	on filing, unless a delayed effect			
The effective date or the delayed effecti	ve date cannot be prior to the c	late the application is filed.	The date and/or time is	
Please indicate the Kentucky county in w	hich your business operates:			
County: Hazard	To complete the foll	owing, please shade the box c	ompletely.	
Please indicate the size of your business				t (50%) of your business ownership:
Small (Fewer than 50 employees)	Women-Owned	Veteran Owned	Minority Owned	
✓ Large (50 or more employees)				
Please indicate which of the following be	est describes your business:			
Agriculture		Constructio		
	I Trade Manufactu sportation, Communications, Elect		surance, Real Estate	
Dother		hole (1)	To Dulas	
Uhl. Om	· ·	Vielo Stiltner	JR PresCEO	De de 2000
Signature of Authorized Representative	°	Printed Name & Tit consent to serve as the	tle / registered agent on beha	Date I
Type/Print Name of Registered Agent		, conserve to corre do tre		a selected a serie dan on the local state of the second state of the second state of the
By:		ation Service Company	Stephen Chandler Ass	
Signature of Registered Agent	Printed N	ame	Title	Date