



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
5/10/2023 10:24 AM  
Fee Receipt: \$90.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3480

Certificate of Authority  
(Foreign Business Entity)

FDC

Pursuant to the provisions of KRS 14A - 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 entity is a:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> profit corporation  | <input type="checkbox"/> nonprofit corporation                | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust      | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust                        |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association          | <input type="checkbox"/> public benefit corporation             |
| <input type="checkbox"/> non-profit llc      | <input type="checkbox"/> professional service corporation     | <input type="checkbox"/> other                                  |

2. The name of the entity is Across the Road, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Georgia

5. The date of organization is 11/03/2022

and the period of duration is

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

PO Box 4344

Cartersville

GA

30120

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

828 LANE ALLEN RD STE 219

LEXINGTON

KY

40504

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is CAPITOL CORPORATE SERVICES, INC.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See Attached

Name	Street or P.O. Box	City	State	Zip Code
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Name	Street or P.O. Box	City	State	Zip Code
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Name	Street or P.O. Box	City	State	Zip Code
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9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

Paul W. Daniel, Manager

May 8, 2023

Signature of Authorized Representative

Printed Name & Title

Date

Capitol Corporate Services, Inc.

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Brittni French

Assistant Secretary

05/08/2023

Signature of Registered Agent

Printed Name

Title

Date