

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 **profit corporation**.
2. The name of the entity is: **SMITH TEMPORARIES, INC.**
3. The state or country whose law the entity is organized is **Texas**.
4. The date of organization is **5/15/1991** and the period of duration is **perpetual**.
This Filing is Effective on Friday, February 16, 2024

5. Principal Office

2301 Mustang Dr
Suite 100
Grapevine, TX 76051

6. Required Representatives

Officer	Jody Smith	2301 Mustang Dr, Grapevine Suite 100	TX	76051
Secretary	Jody Smith	2301 Mustang Dr, Grapevine Suite 100	TX	76051
Director	Jody Smith	2301 Mustang Dr, Grapevine Suite 100	TX	76051

7. Registered Agent/Office

Business Filings Incorporated
306 W. Main St., Ste 512
Frankfort, KY 40601

I, **Chris Das, AVP**, consent to sign for **Business Filings Incorporated** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, February 16, 2024

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