COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1379763.09 mmoore ADD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/18/2024 1:30 PM
Fee Receipt: $90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

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:
- [✓] profit corporation
- [ ] business trust
- [ ] limited partnership
- [ ] non-profit llc
- [ ] nonprofit corporation
- [ ] limited liability company
- [ ] ltd cooperative association
- [ ] professional service corporation
- [ ] professional limited liability company
- [ ] statutory trust
- [ ] public benefit corporation
- [ ] other

2. The name of the entity is OPTION FINANCIAL, INC
(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): OPTION FINANCIAL, INC
(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 OHIO

5. The date of organization is 7/1/2023 and the period of duration is _____
(If left blank, duration is considered perpetual.)

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

6551 HARRISON AVENUE	CINCINNATI	OH	45247
Street Address	**City**	**State**	**Zip Code**

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

828 LANE ALLEN ROAD, SUITE 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 KENTUCKY LENDERS ASSITANCE, INC

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

FRANCIS OBERLE	6551 HARRISON AVENUE	CINCINNATI	OH	45247
Name	**Street or P.O. Box**	**City**	**State**	**Zip Code**
Name	**Street or P.O. Box**	**City**	**State**	**Zip Code**
Name	**Street or P.O. Box**	**City**	**State**	**Zip Code**

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.

	FRANCIS OBERLE-PRESIDENT	7/18/2024
Signature of Authorized Representative	**Printed Name & Title**	**Date**

I, Kentucky Lenders Assistance, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

	Trisha Lewallen	Owner	7/18/2024
Signature of Registered Agent	**Printed Name**	**Title**	**Date**

(2/23)