# Commonwealth of Kentucky Michael G. Adams, Secretary of State

1384364.09 Michael G. Adams Secretary of State Received and Filed 8/5/2024 12:00:00 AM

Fee receipt: \$90

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Authority**

**FBE** 

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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 entity is a **profit corporation**.
- 2. The name of the entity is

#### ITS Enterprises Inc.

3. The name of the entity to be used in Kentucky is

### ITS Enterprises Inc.

- 4. The state or country under whose law the entity is organized is **Colorado**.
- 5. The date of organization is 3/12/1996 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

#### Po Box 4010, Parker, CO 80134

7. The name of the initial registered agent is

#### Amber Fife

and the street address of the entity's initial registered office in Kentucky is

#### 3600 Winthrop Dr Apt 1211, Lexington, KY 40514

8. The names and business addresses of the entity's representatives:

Registered Agent	Amber Fife	3600 Winthrop Dr Apt 1211, Lexington, KY 40514
Accountant	Sarah Kelly	7779 Lakeshore Dr, Parker, CO 80134
Officer	William Seagraves	Po Box 4010, Parker, CO 80134
Authorized Rep	Sarah Kelly	7779 Lakeshore Dr, Parker, CO 80134

9. This filing will be effective on Monday, August 5, 2024.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:** Sarah Kelly

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I, **Amber Fife**, consent to sign for **Amber Fif** Registered Agent on behalf of this entity on N 2024.

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