					1264465.09 Michael G. Adams	
					Kentucky Secretary of S Received and Filed:	State
•••	1.12 viter and service and service for the service of the service	a na productional de la compactica de la co	A State of S		3/2/2023 10:56 AM	
		COMMON	WEALTH OF KENTUCKY		Fee Receipt: \$90.00	
		MICHAEL G. AD	AMS, SECRETARY OF ST	ATE		
	Division of Business Fillings	Certific	ate of Authority		FBE	
	P:O. Box 718 Frankfort, KY 40602		Business Entity)			
	(502) 564-3490	· · ·			ş.	
	www.sos.ky.gov					
	New Contraction of the Contracti		······································	<u></u>		
	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: X profit	corporation none	profit corporation	professional lin	nited liability company	
		1	ed llability company	statutory trust	men manning southarty	
	limite	id partnership	poperative association	other		
		profit lic profe	ssional service corporation			
	2. The name of the entity (s					
	3. The name of the entity to be used in Kentucky is (if applicable):					
	A. The state or country under whose law the entity is organized is Gonly provide if "real name" is unavailable for use; otherwise, leave blank.) GEORGIA					
	5. The date of organization is	12/29/1949	and the period of duration i	······	······································	
	6. The mailing address of the entity's principal office is					
		Explorer Blvd. NW	Huntsville	AL	35806	
	Street Address		City	State	Zip Code	•
		lly's registered office in Kentucky is	1		40604	
	Street Address (No P.O. Box N	Allen Road, Suile 219	Lexington City	<u>KY</u> Sta	40504 te Zip Code	
	and the name of the registered agent at that office is Cogency Global Inc.					
	8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):					
	Rickey Smith	920 Explorer Blvd		AT.	35806	
	Name	Street or P.O. Box	City	State	Zip Code	
	Chris Hill	920 Explorer Blvc	<u>I. NW. Huntsville</u>	AL	35806 Zlp Code	
	Eric Chism	920 Explorer Blvd	. NW. Huntsville	AL	35806	
	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 validity 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 attactive upon filing.					
	5 H	h-	ERIC H CHISM	VP 2	1123	
	Signature of Authorized Represent	állve	Printed Name & Tilte		Date	
	A Contraction Clabel Inc.					
	I, Cogency Global Inc. consent to serve as the registered agent on behalf of the business entity.					
	The Ban	- nckoura		1		
		I A AVVVIN	KAREN MCKROWN	ASST SK	1 A B M AND A CONTRACT	ירכ

(1/20)