

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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

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 **limited liability company**.
2. The name of the entity is: **GRIFFIN-BEARD LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Wyoming**.
5. The date of organization is **1/14/2023** and the period of duration is **5/2/2023**
6. This entity is managed by Members

7. Principal Office

2409 Milton Drive
Nashville, TN 37216

8. Required Representatives

Member	Helen Taylor Griffin	2409 milton drive	Nashville	TN	37216
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9. Registered Agent/Office

John Austin Beard
1733 Campus Plaza Court STE#3
Bowling Green, KY 42101

I, **John Austin Beard**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, May 2, 2023

As the Authorized Representative, I, **John Austin Beard**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**