

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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Fee receipt: \$90.00

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: **TRANSCOUNTY TITLE AGENCY**
3. The name of the entity to be used in Kentucky is (if applicable): **HEARTLAND COMMUNITY TITLE LLC**
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **10/30/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

850 N. HAMILTON ROAD
GAHANNA, OH 43230

8. Required Representatives

Manager	David Skrobot	471 E. Broad St.	Columbus	OH	43215
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9. Registered Agent/Office

TransCounty Title Agency LLC
8735 US Highway 42
Florence, KY 41042

I, **David Skrobot**, consent to sign for **TransCounty Title Agency LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, October 27, 2023

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