

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: **SOUTHEAST SECURITY, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **SOUTHEAST SECURITY-KY, LLC**
4. The state or country whose law the entity is organized is **Wyoming**.
5. The date of organization is **4/9/2024** and the period of duration is **perpetual**.  
This Filing is Effective on Tuesday, April 9, 2024
6. This entity is managed by Managers

**7. Principal Office**

119 Pine ST  
STE B  
Pineville, KY 40977

**8. Required Representatives**

<b>Member</b>	Cheryl Cox	119 Pine ST; STE Pineville B	KY	40977
<b>Manager</b>	Robert W Stout	8600 Freeport Irving PKWY; STE 240	TX	75063

**9. Registered Agent/Office**

Legal Inc Corporate Services  
9900 Corporate Campus DR  
STE 3000  
Louisville, KY 40223

I, **Eric Treutlein**, consent to sign for **Legal Inc Corporate Services** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, April 9, 2024

As the Authorized Representative, I, **Robert W Stout**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**