

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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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 entity is a **profit corporation**.

2. The name of the entity is

**R.E. DIMOND AND ASSOCIATES, INC.**

3. The state or country under whose law the entity is organized is **Indiana**.

4. The date of organization is **3/24/1977** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**732 North Capitol Ave., Indianapolis, IN 46204**

6. The street address of the entity's registered office in Kentucky is

**212 N. 2nd St. STE 100, Richmond, KY 40475**

and the name of the registered agent at that office is **Registered Agents Inc.**

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

<b>Officer</b>	Daniel Dimond	732 North Capitol Ave.	Indianapolis	IN	46204
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8. This application will be effective on **Tuesday, May 7, 2024**.

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

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this profit corporation company.