

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Authority** 

1238766.06

kdcoleman ADD

10/20/2022

Date

Assistant Secretary

Title

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/26/2022 11:27 AM Fee Receipt: \$90.00

<ul> <li>6. The mailing address of the entity 1210 S Pine Island Road, Legal Street Address</li> <li>7. The street address of the entity's</li> </ul>	Dept	Plantation City	FL State	33324 Zip Code	
306 W. Main Street, Suite 512	registered office in Kentucky is	Frankfort	KY	40601	_
Street Address (No P.O. Box Num	ihers)	City		ate Zip Code	
8. The names and business addres  Kevin Coles  Name  Robert Whitaker	sees of the entity's representatives (secre 1210 S. Pine Island RD, Legal Dept Street or P.O. Box 1210 S. Pine Island RD, Legal Dept	Plantation City Plantation	FL State FL	33324 Zip Code 33324	_
Name	Street or P.O. Box	City	State	Zip Code	
		City	State	Zip Code	
Name  9. If a professional service corporat and treasurer are licensed in one or statement of purposes of the corporate.	Street or P.O. Box  ion, all the individual shareholders, not le r more states or territories of the United Stration.	City ss than one half (1/2) of the states or District of Columbia	State directors, and all of tale to render a profession	Zip Code the officers other than the sectional service described in the	 cretary
9. If a professional service corporat and treasurer are licensed in one of statement of purposes of the corporation. I certify that, as of the date of fill 11. If a limited partnership, it elects	ion, all the individual shareholders, not le r more states or territories of the United S	ss than one half (1/2) of the states or District of Columbia tity validly exists under the la	directors, and all of to the ato render a profession aws of the jurisdiction	the officers other than the sectional service described in the	oretary
9. If a professional service corporat and treasurer are licensed in one of statement of purposes of the corporation. I certify that, as of the date of fill 11. If a limited partnership, it elects	ion, all the individual shareholders, not lear more states or territories of the United Stration.  ling this application, the above-named ento be a limited liability limited partnership check box if manager-managed:	ss than one half (1/2) of the states or District of Columbia tity validly exists under the laboration. Check the box if applicable	directors, and all of to a to render a profession aws of the jurisdiction ble:	the officers other than the sectional service described in the notice of	cretary
9. If a professional service corporat and treasurer are licensed in one of statement of purposes of the corporation. I certify that, as of the date of fill 11. If a limited partnership, it elects 12. If a limited liability company, or	ion, all the individual shareholders, not lear more states or territories of the United Stration.  ling this application, the above-named ento be a limited liability limited partnership check box if manager-managed:	ss than one half (1/2) of the states or District of Columbia tity validly exists under the la	directors, and all of to a to render a profession aws of the jurisdiction ble:	the officers other than the sectional service described in the	oretary

Jenifer Mincer

**Printed Name** 

Signature of Registered Agent

Division of Business Filings