



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/5/2024 2:55 PM  
Fee Receipt: \$90.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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:

- The entity is a:  
profit corporation  
business trust ☒  
limited partnership  
non-profit llc  
nonprofit corporation  
limited liability company  
ltd cooperative association  
professional service corporation  
professional limited liability company  
statutory trust  
public benefit corporation  
other
- The name of the entity is Dykstra Construction, LLC  
(The name must be identical to the name on record with the Secretary of State.)
- The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)
- The state or country under whose law the entity is organized is Florida
- The date of organization is 07/02/1999 and the period of duration is Perpetual  
(If left blank, duration is considered perpetual.)
- The mailing address of the entity's principal office is  
100 Perimeter Park Dr, Ste H Morrisville NC 27560  
Street Address City State Zip Code
- The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512 Frankfort KY 40601  
Street Address (No P.O. Box Numbers) City State Zip Code
- and the name of the registered agent at that office is C T Corporation System
- The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):  

Name	Street or P.O. Box	City	State	Zip Code
Darry Dykstra, Manager	3970 S Pipkin Rd	Lakeland	FL	33811
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
- If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.
- I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:
- If a limited liability company, check box if manager-managed:
- This application will be effective upon filing.

/s/ Darry Dykstra  
Signature of Authorized Representative  
Darry Dykstra, Manager  
Printed Name & Title  
01/04/2024  
Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: C T Corporation System SEAN L. EMERICK ASSISTANT SECRETARY 01/03/2024  
Signature of Registered Agent Printed Name Title Date