



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/24/2023 10:27 AM
Fee Receipt: \$90.00

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

Certificate of Authority
(Foreign Business Entity)

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:

1. The entity is a:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input checked="" type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> public benefit corporation |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other |

2. The name of the entity is The Barn Group Land Trust, Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): The Barn Group Land Trust, Inc.
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Georgia

5. The date of organization is 08/15/2019 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
566 Bankstown Road, Brooks, GA 30205

Street Address	City	State	Zip Code
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7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road Ste 219, Lexington, KY 40504-3659

Street Address (No P.O. Box Numbers)	City	State	Zip Code
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and the name of the registered agent at that office is InCorp Services, Inc.

8. 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
Scott Smith		566 Bankstown Road, Brooks, GA 30205		
Thomas Krebs		566 Bankstown Road, Brooks, GA 30205		
Name	Street or P.O. Box	City	State	Zip Code
Valerie Howard		566 Bankstown Road, Brooks, GA 30205		
Name	Street or P.O. Box	City	State	Zip Code

9. 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.

10. 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.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

 Scott Smith President/CEO 10/16/2023
Signature of Authorized Representative Printed Name & Title Date

I, InCorp Services, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Kathryn Coonts Kathryn Coonts Authorized Representative InCorp Services, Inc. 10/16/2023
Signature of Registered Agent Printed Name Title Date