

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: **GLPENTERPRISE LLC**
3. The state or country whose law the entity is organized is **Tennessee**.
4. The date of organization is **3/30/2017** and the period of duration is **perpetual**.
This Filing is Effective on Friday, January 26, 2024
5. This entity is managed by Managers

6. Principal Office

271 W. Short St Ste 410 #799
Lexington, KY 40507

7. Required Representatives

Manager	Gary Plott	2615 Medical Ctr Pkw, Ste 1560	Murfreesboro TN	37129
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8. Registered Agent/Office

REPUBLIC REGISTERED AGENT LLC
271 W. Short St Ste 410
Lexington, KY 40507

I, **Wesley Dolan**, consent to sign for **REPUBLIC REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, January 26, 2024

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