10/19/2022		JEATH OF A			
BY: Holly, Por			ſ	1237872.09 tsemones ADD	
KENTUCKY DEPARTMENT	OF			Michael G. Adams	
FINANCIAL INSTITUTIONS	COMMONWER	ALTH OF KENTUCKY		Kentucky Secretary of State	
	MICHAEL G. ADAM	S, SECRETARY OF ST		Received and Filed: 10/20/2022 3:28 PM	
Division of Business Filings P.O. Box 718		of Authority		Fee Receipt: \$90.00	
Frankfort, KY 40602	(Foreign Busi	iness Entity)			
(502) 564-3490					
www.sos.ky.gov					
Pursuant to the provisions of KRS and, for that purpose, submits the	S 14A – 030 the undersigned hereby applie e following statements:	es for authority to transact busi	iness in Kenti	ucky on behalf of the entity named belo	
1. The entity is a: I profit of	corporation nonprofit	on Inonprofit corporation Infection professional limited liability company		onal limited liability company	
				statutory trust	
	l partnership 📃 Itd cooper	rative association	other		
non-pr	rofit IIc profession	nal service corporation			
2. The name of the entity is Pinna	acle Bank	5.			
	(The name must be identical to the nam				
3. The name of the entity to be us	sed in Kentucky is (if applicable): Pinnacle	Bank, a Tennessee Banking C provide if "real name" is una	Corporation	ise: otherwise, leave blank )	
4. The state or country under who	ose law the entity is organized is Tennesse				
5. The date of organization is Au	gust 29, 2012	and the period of duration is			
6. The mailing address of the ent	tity's principal office is	(If	left blank, d	uration is considered perpetual.)	
150 3rd Avenue S, Suite 900		Nashville	Tennes	ssee 37201 .	
Street Address		City	State	Zip Code	
7. The street address of the entity 400 West Market Street, Suite 32	y's registered office in Kentucky is 200	Louisville	KY	40202	
Street Address (No P.O. Box Nu	umbers)	City		State Zip Code	
and the name of the registered ag	ent at that office is <u>FBT LLC</u>				
8. The names and business addr	resses of the entity's representatives (secre	etary, officers and directors, ma	inagers, truste	ees or general partners):	
M. Terry Turner	150 3rd Avenue S, Suite 900	Nashville	TN	37201	
Name	Street or P.O. Box	City	State	Zip Code	
Robert A. McCabe, Jr.	150 3rd Avenue S, Suite 900 Street or P.O. Box	Nashville	TN	37201 Zip Code	
Name Justin Hayden	150 3rd Avenue S, Suite 900	City Nashville	State TN	Zip Code 37201	
Name	Street or P.O. Box	City	State	Zip Code	
	ation, all the individual shareholders, not lea or more states or territories of the United S poration.				
	filing this application, the above-named ent		_	iction of its formation.	
11. If a limited partnership, it elect	ts to be a limited liability limited partnership	. Check the box if applicable:	$\Box$		
12. If a limited liability company,	check box if manager-managed:				
13. This application will be effective	ve upon filing.				
ush T. h. k	2				
Signature of Authorized Representa		n Hayden, Chief Legal Officer Printed Name & Title		October 19, 2022	
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I, FBT LLC		onsent to serve as the registere	ed agent on b	ehalf of the business entity.	
Type/Print Name of Registered Ag	jent		100		
This cuille	FBT LLC	Mana	ger	October <u>19</u> , 2022	
Signature of Registered Agent	Printed Name	Title	1994/101		

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