

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **profit corporation**.

2. The name of the entity is

JQOL INC

3. The state or country under whose law the entity is organized is **Indiana**.

4. The date of organization is **12/3/2018** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

8440 Allison Pointe Boulevard 425, Indianapolis, IN 46250

6. The name of the initial registered agent is

Jarvis Jointer

and the street address of the entity's initial registered office in Kentucky is

501 Baxter Ave Suite 201, Louisville, KY 40204

7. The names and business addresses of the entity's representatives:

Director	Jarvis Jointer	8440 Allison Pointe Boulevard, 425, Indianapolis, IN 46250
Director	Ed Garrison	8440 Allison Pointe Boulevard, 425, Indianapolis, IN 46250
Officer	Jarvis Jointer	8440 Allison Pointe Boulevard, 425, Indianapolis, IN 46250

8. This application will be effective on **Friday, May 24, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President: Jarvis Jointer**

I, **Jarvis Jointer**, consent to serve as the Registered Agent on behalf of this entity on Friday, May 24, 2024.