

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1332776.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

1/10/2024 2:20 PM Fee Receipt: \$90.00

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

Certificate of Authority

(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS and, for that purpose, submits the		signed hereby applies	s for authority to transac	t business in Kentuc	ky on behalf of th	ne entity named below	
1. The entity is a: X profit corporation		nonprofit corporation		profession	professional limited liability company		
business trust		limited liability company		statutory tr	statutory trust		
	partnership		tive association		efit corporation		
					ciit corporation		
non-pr		• 110 - 110 - 100 -	al service corporation	other			
2. The name of the entity is Ho	(The name must be in	ration dentical to the name	e on record with the Se	cretary of State.)			
3. The name of the entity to be us	sed in Kentucky is (if a	oplicable):	rovide if "real name" is		o othonuino lo		
				s unavailable for us	e; otherwise, lea	ave blank.)	
4. The state or country under who	ose law the entity is org	janized isIVIISSISSI				•	
5. The date of organization is O	ctober 29, 1976		_and the period of durat				
6. The mailing address of the ent	ity's principal office is			(If left blank, dur	ration is conside	ered perpetual.)	
1978 Hood Blvd., Suite 325	ity s principal office is		Hattiesburg	MS	39401	I	
Street Address			City	State	Zip Co		
Street Address			City	State	Zip O	bue	
7. The street address of the entity		Kentucky is				200	
306 W. Main Street, Suite 51			Frankfort	KY		601	
Street Address (No P.O. Box No	umbers)		City		State	Zip Code	
and the name of the registered ag	gent at that office is <u>C</u>	T Corporation Sys	stem				
8. The names and business addr	esses of the entity's re	presentatives (secret	ary, officers and director	s, managers, trustee	es or general part	ners):	
Dala Stavena Bussidant	25 Woodgreen	Dlago	Madison	MS	39110	C .	
Dale Stevens, President Name	Street or P.O. I		City	State	Zip C		
John A. Burnam, Secretary		Slvd., Suite 325	Hattiesburg	MS	3940		
Name	Street or P.O. I		City	State	Zip C		
Warren A. Hood, Jr., Directo			Hattiesburg	MS	3940		
Name	Street or P.O. I		City	State	Zip C		
If a professional service corpor and treasurer are licensed in one statement of purposes of the corp	or more states or territor	shareholders, not les ories of the United St	s than one half (1/2) of t ates or District of Colum	he directors, and all bia to render a profe	of the officers othessional service d	ner than the secretary lescribed in the	
10. I certify that, as of the date of	filing this application, ti	he above-named enti	ty validly exists under the	e laws of the jurisdic	tion of its formation	on.	
11. If a limited partnership, it elec	ts to be a limited liability	y limited partnership.	Check the box if applic	cable:			
12. If a limited liability company,	, check box if manage	r-managed:					
13. This application will be effective	ve upop filing.)					
		John	A. Burnam, Secretar	7/	January 2, 20)24	
Signature of Authorized Representa	arve /		Printed Name & Title		Date		
I, C T Corporation System		, co	nsent to serve as the re	gistered agent on be	half of the busine	ess entity.	
Type/Print Name of Registered Ag				2011 Di SE 24/1974		1/2/2024	
	Buck	Theresa	Buck 	Assistant Se	ecretary	1/2/2024	
Signature of Registered Agent	- 6	Printed Name		Title		Date	