

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

5/2/2023 10:52:18 AM

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 **profit corporation**.
2. The name of the entity is: **CORCORAN & HARNIST HEATING AND AIR CONDITIONING INC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **3/1/1980** and the period of duration is **perpetual**.

7. Principal Office

4924 WINTON ROAD
CINCINNATI, OH 45232

8. Required Representatives

| | | | | | |
|-----------------|-------------------|-------------------|------------|----|-------|
| Officer | GREGORY A HARNIST | 1457 HARRISON AVE | CINCINNATI | OH | 45214 |
| Officer | JULIE BENNETT | 4924 WINTON ROAD | CINCINNATI | OH | 45232 |
| Director | CURTIS RILEY | 4924 WINTON ROAD | CINCINNATI | OH | 45232 |

9. Registered Agent/Office

KEN HARNIST
4501 CHURCH ST
TAYLOR MILL, KY 41015

I, **KEN HARNIST**, consent to sign for **KEN HARNIST** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, May 2, 2023

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