

BY: Holly Ross
 KENTUCKY DEPARTMENT OF
 FINANCIAL INSTITUTIONS



COMMONWEALTH OF KENTUCKY
 MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
 12/20/2022 2:51 PM
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Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

Pursuant to the provisions of KRS 14A - 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Allied First Bank, sb

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Allied First Bank, sb, Inc.

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Illinois

5. The date of organization is 9/01/2001 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
3201 Orchard Rd, Attn. Adam Skeffington

Oswego

IL

60534

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512,

Frankfort

KY

40601

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See Attached

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Adam Skeffington
 Signature of Authorized Representative

Adam Skeffington, Chief Compliance Officer

Printed Name & Title

Date

I, C T Corporation System,

Type/Print Name of Registered Agent

consent to serve as the registered agent on behalf of the business entity.

By: SEAN L. EMERICK

Signature of Registered Agent

Printed Name

ASSISTANT SECRETARY

Title

Date

Officer's and director's: Allied First Bank, sb

Name	Title	Address
Kenneth Bertrand	CEO	3201 Orchard Rd, Attn. Adam Skeffington, Oswego, IL 60534
Mark Fritz	CFO	3201 Orchard Rd, Attn. Adam Skeffington, Oswego, IL 60534
Adam Skeffington	CCO	3201 Orchard Rd, Attn. Adam Skeffington, Oswego, IL 60534
Stavros Papastavrou	Director	1800 Walt Whitman Rd, Ste 130, Melville, NY 11747
Ali Vafai	Director	3138 E. Elwood Street, Phoenix, AZ 85034