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Michael G. Adams
 Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
 MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business 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 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 public benefit corporation
 non-profit llc professional service corporation other

2. The name of the entity is Scott Petroleum Corporation

(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):

(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 Mississippi

5. The date of organization is March 8, 1946

and the period of duration is

(If left blank, duration is considered perpetual.)

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

102 Main Street

Itta Bena

MS

38941

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):

James Michael Tuttle

102 Main Street

Itta Bena

MS

38941

Name

Street or P.O. Box

City

State

Zip Code

Donna Overby

102 Main Street

Itta Bena

MS

38941

Name

Street or P.O. Box

City

State

Zip Code

Stephen Smith

2760 Browns Lane, Suite C

Jonesboro

AR

72401

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.

Donna Overby

Signature of Authorized Representative

Donna Overby, Vice President

Printed Name & Title

03-21-2024

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: Denise Bell

Signature of Registered Agent

Denise Bell

Printed Name

Asst. Secretary

Title

3/22/2024

Date

(2/23)

ADDITIONAL CORPORATE OFFICERS:

John L. Conner, Jr.	Director
2301 McLain St.	
Newport, AR 72112	

Stephen Marshall Stewart	Director
48 South Ridge	
Wynne, AR 72396	