Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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Michael G. /.......
KY Secretary of State
Received and Filed

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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

RCA

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 limited liability company.
- 2. The name of the entity is: GMFS LLC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Delaware.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806

Registered Agent Name/Address

PARACORP INCORPORATED 828 LANE ALLEN RD., #219 LEXINGTON, KY 40504

- 6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Cynthia Wortham on 10/24/2022
- 7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. PARACORP INCORPORATED on 10/24/2022