

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
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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 **limited liability company**.
2. The name of the entity is: **MVP TITLE COMPANY, LLC**
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 **Delaware**.
5. The date of organization is **4/6/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

5200 Park Rd
Suite 101
Charlotte, NC 28209

8. Required Representatives

Manager	Jack Goisse	5200 Park Rd	Charlotte	NC	28209
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9. Registered Agent/Office

Telos Legal Corp.
828 Lane Allen Road
Ste 219
Lexingtox, KY 40504

I, **Misty Riley**, consent to sign for **Telos Legal Corp.** who serves as the **Registered Agent** on behalf of this Entity. on Thursday, May 11, 2023

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