

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Secretary of State
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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 entity is a **limited liability company**.

2. The name of the entity is

MFAOAPM LLC

3. The state or country under whose law the entity is organized is **Missouri**.

4. The date of organization is **9/27/2013** and the period of duration is **perpetual**.

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

1 Ray Young Dr, Columbia, MO 65201-3570

6. The name of the initial registered agent is

C T Corporation System

and the street address of the entity's initial registered office in Kentucky is

306 W Main St., Ste 512, Frankfort, KY 40601

7. The names and business addresses of the entity's representatives:

Manager	Jon Ihler	1 Ray Young Dr, Columbia, MO 65201
Organizer	Jon Ihler	1 Ray Young Dr, Columbia, MO 65201

8. This entity is managed by **Managers**.

9. This filing will be effective on **Tuesday, September 3, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **CEO/President: Jon Ihler**

I, **Denise Bell, Assistant Secretary**, consent to sign for **C T Corporation System** who serves as the Registered Agent on behalf of this entity on Tuesday, September 3, 2024.