

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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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 **profit corporation**.
2. The name of the entity is  
**CAVALRY SECURITY, INC.**
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **2/4/2013** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**315 Deaderick Str. Suite 125, Nashville, TN 37238-2001**
6. The name of the initial registered agent is  
**Registered Agents Inc**  
and the street address of the entity's initial registered office in Kentucky is  
**212 N. 2nd St. STE 100, Richmond, KY 40475**
7. The names and business addresses of the entity's representatives:  

<b>Director</b>	Chris Sawyer	315 Deaderick Street, Suite 125, Nashville, TN 37238-2001
<b>Secretary</b>	Chris Sawyer	315 Deaderick Street, Suite 125, Nashville, TN 37238-2001

8. This filing will be effective on **Tuesday, February 4, 2025**.

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 **Authorized Representative: Robin Jones**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Tuesday, February 4, 2025.