Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

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

DG Frankfort 421 KY

3. The name of the entity to be used in Kentucky is

DG Frankfort 421 KY LLC

4. The state or country under whose law the entity is organized is **Mississippi**.

5. The date of organization is **2/5/2025** and the period of duration is **perpetual**.

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

10474 Highway 82, Greenwood, MS 38930

7. The name of the initial registered agent is

Registered Agent Solutions INC

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

828 Lane Allen Rd Ste 219, Lexington, KY 40504

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

Registered Agent	Registered Agent Solutions INC	828 Lane Allen Rd Ste 219, Lexington, KY 40504
Authorized Rep	Robyn Thornton	Po Box 230, Carrollton, MS 38917

9. This entity is managed by **Members**.

10. This filing will be effective on **Wednesday, February 5, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 Rep: Robyn Thornton**

I, **Mike Rozier**, consent to sign for **Register** **INC** who serves as the Registered Agent on Wednesday, February 5, 2025.