

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **WINDOW AND DOOR SPECIALTIES FRANCHISING, LLC**
3. The state or country whose law the entity is organized is **North Carolina**.
4. The date of organization is **9/12/2013** and the period of duration is **perpetual**.  
This Filing is Effective on Monday, March 18, 2024
5. This entity is managed by Managers

**6. Principal Office**

311 Linda Vista Drive  
Hendersonville, NC 28792

**7. Required Representatives**

<b>Manager</b>	Jennifer Ward	311 Linda Vista Drive	Hendersonville	NC	28792
<b>Manager</b>	Christopher R. Kanipe	1234 Little River Road	Hendersonville	NC	28739

**8. Registered Agent/Office**

Paracorp Incorporated  
828 Lane Allen Road #219  
Lexington, KY 40504

I, **Paracorp Incorporated**, consent to sign for **Paracorp Incorporated** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, March 18, 2024

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