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

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.
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- 2. The name of the entity is: LISTON AND DEAS, PLLC
- 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 Mississippi.
- 5. The date of organization is 11/5/2015 and the period of duration is perpetual.
- 6. This entity is managed by Members

7. Principal Office		NSSE /			
605 Crescent Blvd.				4	
Ste. 200					
Ridgeland, MS 39157		limita IN		221	
8. Required Represen	tatives	TTET			
Member	William Lawrence Deas	605 Crescent Blvd., Ste. 200	Ridgeland	MS	39157
Member	William Liston III	605 Crescent Blvd., Ste. 200	Ridgeland	MS	39157
9. Registered Agent/C	Office	LU WE			
CT Corporation System	102.081	Sho and	(P) 5 1/		
306 West Main Street					
Frankfort, KY 40601					

I, **Christine Kelm**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, March 9, 2023

As the Authorized Representative, I, **William Lawrence Deas**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member** 

L902

KY Secretary of State Received and Filed 3/9/2023 11:43:10 AM Fee receipt: \$90.00

1266098

Michael G. Adams

## FBE