

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State

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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: **THE MANAGEMENT INSTITUTE LLC**
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 **1/9/2014** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

11441 Highway 503
Hickory, MS 39332-3249

8. Required Representatives

Member	Perry Davis	11441 Highway 503	Hickory	MS	39332-32 49
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9. Registered Agent/Office

Cogency Global
828 Lane Allen Road Suite 219
Lexington, KY 40504

I, **Cogency Global**, consent to sign for **Cogency Global** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, August 10, 2023

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