

**Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State**

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Elaine N. Walker  
Secretary of State  
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Elaine N. Walker  
Secretary of State  
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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**Certificate of Authority  
Foreign Business Entity**

**FBE**

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B 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 **Apex Pinnacle Corporation**.
3. The state or country under whose law the entity is organized is **New York**.
4. The date of organization is **09/01/1993**.
5. The mailing address of the entity's principal office is **828 Lane Allen Rd, SUITE 219, LEXINGTON, KY 40504**.
6. The street address of the entity's registered office in Kentucky is **828 Lane Allen Rd, SUITE 219, LEXINGTON, KY 40504** and the name of the registered agent in that office is **INCORP SERVICE INC**.
7. The names and business addresses of the entity's representatives:  
**JUDILYN BISHOP      16 CANAL STREET, PORT CRANE, New York 13833**
8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
9. This application will be effective on filing.

Signature of Authorized Representative:  
**TANYA JOHNSON**

I, **INCORP SERVICE INC**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

**JANICE NULL**