

1205007.06

Michael G. Adams

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Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

			Fe	e Receipt: \$90.00		
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)				
Pursuant to the provisions of KRS 14 and, for that purpose, submits the fol	4A – 030 the undersigned hereby app llowing statements:	lies for authority to transact	business in Kentucky	on behalf of the entity named belo		
1. The entity is a: profit corr	poration nonprof	Image: monprofit corporation Image: monprofit corporation		onal limited liability company		
business	and the second s			8 2 8		
limited pa				yildor		
non-profit		onal service corporation				
2 The name of the entity is Eagle	Forge Services Company, LLC					
(T	he name must be identical to the na	me on record with the Sec	retary of State.)			
3. The name of the entity to be used	in Kentucky is (if applicable):					
5. The date of organization is 10/22	law the entity is organized is Delaw 2/2020	/ provide if "real name" is areand the period of duration	on is	otherwise, leave blank.)		
 The mailing address of the entity's principal office is PO Box 305 		Cadiz	Ohio	43907		
Street Address		City	State	Zip Code		
 The street address of the entity's registered office in Kentucky is 421 West Main Street 		Frankfort	KY	40601		
Street Address (No P.O. Box Num		City		ate Zip Code		
and the name of the registered agen	t at that office is Corporation Serv	vice Company				
	ses of the entity's representatives (sec		managers trustees o	or general partners).		
David Michael Jamison	4709 Scenic Highway	Pensacola	FL	32504		
Name	Street or P.O. Box	City	State	Zip Code		
Petri E. Koivula	4709 Scenic Highway	Pensacola	FL	32504		
Name John A. McNab	Street or P.O. Box 4709 Scenic Highway	City Pensacola	State FL	Zip Code 32504		
Name	Street or P.O. Box	City	State	Zip Code		
and treasurer are licensed in one or statement of purposes of the corpora	on, all the individual shareholders, not more states or territories of the United ation. ng this application, the above-named e	States or District of Columb	a to render a professi	onal service described in the		

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

Signature of Registered Agent	Printed Name	Title		Date
Crica Tarrant Wilson	Erica Tarrant-Wilson	Assistant Secretary for Corporat	ion Service Company	04/26/2022
Type/Print Name of Registered Agent				
I, Corporation Service Company	, consent f	o serve as the registered agent o	n behalf of the business	entity.
			. /	
Signature of Authorized Representative	Pr	inted Name & Title	Date	
David Michael Aam	LAON David Mi	chael Jamison	4/14	1/2Z
13. This application will be effective upon filing.				1.81
12. If a limited liability company, check box if manag	er-managed: 🔳			