

COMMONWEALTH OF KENTUCKY

1204233.06

Kentucky Secretary of State

Michael G. Adams

kdcoleman ADD

	MICHAEL G. A	DAMS, SECRETARY	OF STATE	4/22/2022 12	
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		cate of Authority Business Entity)		Fee Receipt: \$90.00	
Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo		applies for authority to tra	nsact business in Kent	ucky on behalf	of the entity named below
1. The entity is a: profit corpor- business tr limited part non-profit l	tnership	profit corporation ed liability company cooperative association essional service corporatio	statutory other	onal limited liab / trust	ility company
2. The name of the entity is Hargrove					
	e name must be identical to the	e name on record with th	e Secretary of State.)		
3. The name of the entity to be used i	n Kentucky is (if applicable):(Only provide if "real nam	ne" is unavailable for	use; otherwise	, leave blank.)
4. The state or country under whose I	aw the entity is organized is Dela				··
5. The date of organization is April 14,	2022	and the period of		luration is con	sidered perpetual.)
6. The mailing address of the entity's	principal office is				
PO Box 1365 Street Address		Bardstown City	KY State	400	004 o Code
 The street address of the entity's re 	adistared office in Kentucky is	Oity	State	21	
421 West Main Street Street Address (No P.O. Box Number	-	Frankfort City	KY	4060 State	Zip Code
and the name of the registered agent		-			-F 44
 The names and business addresse 			ectors managers trust	ees or general	partners).
SEE ATTACHMENT.		,	,	genoral	,
Name	Street or P.O. Box	City	State	Zij	o Code
Name	Street or P.O. Box	City	State	Zi	o Code
Name	Street or P.O. Box	City	State	Zij	o Code
9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporati	ore states or territories of the Un on.	ited States or District of Co	olumbia to render a pro	ofessional servic	e described in the
10. I certify that, as of the date of filing	this application, the above-name	ed entity validly exists und	er the laws of the jurisc	liction of its forn	nation.
11. If a limited partnership, it elects to	be a limited liability limited partne	ership. Check the box if a	applicable:		
12. If a limited liability company, che	ck box if manager-managed:				
13. This application will be effective up	oon filing.				
	igitally signed by John Hargrove ate: 2022.04.21 09:23:57 -04'00'	John Hargrove, Member	4-21-2022		
Signature of Authorized Representative		Printed Name &	Title	Da	te
Corporation Service Company		consent to serve as th	ne registered agent on l	hehalf of the hu	siness entity
Type/Print Name of Registered Agent		, consent to serve as th	ie registered agent off		Sincos chury.
Birthany Aunet	Brittar	iy Aunet	Assistant S	ecretary	4/21/22
Signature of Registered Agent	Printed Na	ime	Title		Date

(1/20)

ATTACHMENT TO THE KENTUCKY CERTIFICATE OF AUTHORITY

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Address		
John Hargrove	PO Box 1365		
	Bardstown, Kentucky 40004		
Tim Hargrove	PO Box 1365		
	Bardstown, Kentucky 40004		
Janet Hargrove	PO Box 1365		
	Bardstown, Kentucky 40004		
Timothy Hargrove	PO Box 1365		
	Bardstown, Kentucky 40004		
Pamela Hargrove	PO Box 1365		
	Bardstown, Kentucky 40004		