

**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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**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 **JANX Inc.**
3. The state or country under whose law the entity is organized is **Michigan**.
4. The date of organization is **04/01/1981**.
5. The mailing address of the entity's principal office is **8550 E. MICHIGAN AVE, PARMA, MI 49269**.
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 **KENTUCKY LENDERS ASSISTANCE, INC..**
7. The names and business addresses of the entity's representatives:
JOHN A NEWLAND 8550 E. MICHIGAN AVE, PARMA, Michigan 49269
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:
Mark KOPRASKI

I, **KENTUCKY LENDERS ASSISTANCE, 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:

KENTUCKY LENDERS ASSISTANCE, INC.