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COVER LETTER

	ΓO: Registration Section Division of Corporations					
SUBJECT: MODCO OF KENTUCKY, INC.						
Name of corporation - must include suffix						
Dear Sir or I	Madam:					
"Certificate	of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busi	tanding" a	and check are sub		
Please return	all correspond	lence concerning this mat	ter to the	following:		
TODD C. VI	EACH					
		Name	of Person			
VEACH LAY	W, PLLC					
		Firm/Co	ompany			
163 GABRIE	ELLA COURT					
		Ad	dress		2,1	
PLEASANT	VIEW, TN 3714	6			<i>C.</i>	
		City/State	and Zip	code		
TODD@TN-	LEGAL.COM					
	1	E-mail address: (to be use	d for futu	re annual report n	otification)	
For further i	nformation con	cerning this matter, pleas	e call:		, ~	
TODD C. VI	EACH	at (615 Area C	933	3-7555		
Nar	ne of Person	Area C	ode	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check payable to	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 75 Filing Fee & fied Copy	\$87.50 Filing Fee. Certificate of Status Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MODCO OF KI	ENTUCKY, INC.			
	orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	D," "COMPANY." "CORPORATION."		
	able in Florida, enter alternate corporate nan			
2. KENTUCKY	y under the law of which it is incorporated)	3. <u>32-0036892</u>		
0.411.5/2002	y under the law of which it is incorporated)	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability	')	
7 155 WILDWOOI	D DRIVE, MURRAY, KY 42071			
·	(Principal o	office street address)		
	(Current mai	ling address, if different)		
			22 P	
8. Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	?	
Name:	REGISTERED AGENTS, INC.		1	
75.0° + 13	7091 4th St N, STE 300		ະ່າ	
Office Address:	St. Botosphuru	23702		
	St. Petersburg	. Florida 33702	-3	
	(City)	(Zip code)	ر بئ	
designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoir omply with the provisions of all statute: with and accept the obligations of my	ntment as registered agent and agree s relative to the proper and complete	to act in this cap	
	<i></i>	<i></i>		
		en de la companya de		
	(Registered agent's	s signature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this the Department of State, by the Secretary of State or other official having custody of corporate records in t'

under the law of which it is incorporated.

A. DIRECTORS		•		
□Chairman	Name: JERRY L. VEACH	□ Chairman	Name: KAREN L. VEACH MODCO OF KENTUCKY, IN Address: 155 WILDWOOD DRIVE	
□Vice Chairman	Address: MODCO OF KENTUCKY, INC.	□Vice Chairman		
Director	155 WILDWOOD DRIVE	□Director		
■ President	MURRAY, KY 42071	□President	MURRAY, KY 42071	
□Vice President		□Vice President		
☐ Secretary	Treasurer	Secretary	Treasurer	
Other	Other	Other	Other	
□ Chairman	TODD C. VEACH	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	163 GABRIELLA COURT	□Director		
□President	PLEASANT VIEW, TN 37146	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
Other ATTORS	NEY Oother	□Other	□Other □	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director	1	
□President		□President	3	
□Vice President		□ Vice President		
☐ Secretary	Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	partment of State Annual Re		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein she is aware that false information submitted in a document to the Department of State constitutes a third degree felony s.817.155, F.S.

TODD C. VEACH, ATTORNEY

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 240179

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MODCO OF KENTUCKY, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is April 15, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of December, 2020, in the 229th year of the Commonwealth.

CHARLES OF CRETARY OF STREET

mehall J. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 240179/0535027