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SECRETARY OF STATESHY ON STORY CONTROL OF CONTROL OF STATESHY OF S

COVER LETTER

_	tration Section ion of Corporations					
SUBJECT:	BB&G LTD, Incorporated					
Name of corporation - must include suffix						
Dear Sir or M	adam:					
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	f Good Stand	ling" and check are submitt			
Please return	all correspondence concerning	this matter	to the following:			
Mark A. Bogg	s					
		Name of P	erson			
BB&G LTD.						
		Firm/Comp	pany			
PO Box 35114	6					
		Addre	SS			
Palm Coast, F	L 32135					
		City/State an	d Zip code			
mark.boggs@l	ncfundconnect.com					
	E-mail address: (to be used for	or future annual report notif	fication)		
For further in	formation concerning this mat	ter, please ca	all:			
Mark Boggs	ai	502	424-6153			
Nam	e of Person	Area Code	Daytime Telephon	e Number		
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations		
Enclosed is a Please make ch ☐ \$70.00 Fil	check for the following amounted payable to: FLORIDA DEFing Fee S78.75 Filing Certificate of	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 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.

	3	46-2448995	
	-1 1 6 1:1:::::: . 15		
04/04/2013 4.			
(Date of in	corporation) 5	(Date of duration, if other than perpetual)	
5			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7. 13011 W US Hwy 42,	Suite L-01D, Prospect, KY 40059		
(Principal office <u>street</u> address) PO Box 351146, Palm Coast, FL 32135			NALE SECRET
	(Current mailing	g address, if different)	16 2 E
8. Name and street add	ress of Florida registered agent: (P.O.	. Box NOT acceptable)	建 55
Name:	ark A. Boggs		8: 3
_	Jasmine Dr.	<u> </u>	31
Pa	m Coast	Florida 32137	
	(City)	. Florida 32137 (Zip code)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Mark A. Boggs Name: _____ □ Chairman Name: ☐ Chairman 28 Jasmine Dr. Address: _____ □Vice Chairman Address: ☐ Vice Chairman Palm Coast, FL 32137 □ Director Director □ President President □Vice President □Vice President _____ □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other □Other _ ____ Name: _____ □ Chairman Name: ______ □ Chairman 7503 Rockingham Rd. □Vice Chairman Address: □ Vice Chairman Address: _____ Prospect, KY 40059 Director □ Director □President □ President □Vice President ______ ☐ Vice President □Treasurer ☐ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Elizabeth Goodknight □ Chairman □ Chairman Name: Name: ______ 6409 Deep Creek Dr. □Vice Chairman Address: □ Vice Chairman Address: ______ Prospect, KY 40059 ■ Director □ Director □ President □ President □Vice President _____ ☐ Vice President ☐Treasurer ☐ Secretary □ Treasurer □ Secretary Other_____ □Other _____ □Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

s.817.155, F.S.

Mark A. Boggs, President

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: 316290

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.

BB&G Ltd.

BB&G Ltd. is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is April 4, 2013 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 25th day of July, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams Secretary of State Commonwealth of Kentucky 316290/0854326

Michael & aldam