



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
9/21/2022 11:41 AM  
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**Division of Business Filings**

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 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  nonprofit corporation  professional limited liability company  
 business trust  limited liability company  statutory trust  
 limited partnership  ltd cooperative association  other  
 non-profit llc  professional service corporation

2. The name of the entity is AFNET, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is GA

5. The date of organization is 1/27/2022 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
5705 Commerce Blvd., Suite 100 Alpharetta GA 30004  
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road #219 Lexington KY 40504  
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Paracorp Incorporated

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

Name	Street or P.O. Box	City	State	Zip Code
Joseph M. Napoli, Member, Manager, Pres.	5705 Commerce Blvd, Suite 100,	Alpharetta	GA	30004
Tim Yeager, Member, VP	5705 Commerce Blvd, Suite 100,	Alpharetta	GA	30004
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

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

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

DocuSigned by:  
 \_\_\_\_\_  
Signature of Authorized Representative Printed Name & Title Date

I, see attached, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

Signature of Registered Agent Printed Name Title Date