

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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**.

2. The name of the entity is

**CERO LEAK INC**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **2/26/2016** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**131 Bluffs Edge Dr, Mount Washington, KY 40047**

6. The name of the initial registered agent is

**Yadel Rodriguez**

and the street address of the entity's initial registered office in Kentucky is

**131 Bluffs Edge Dr, Mount Washington, KY 40047**

7. The names and business addresses of the entity's representatives:

**Officer** Yadel Rodriguez 131 Bluffs Edge Dr, Mount Washington, KY 40047

8. This application will be effective on **Monday, July 29, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President: Yadel Rodriguez**

I, **Yadel Rodriguez**, consent to serve as the Registered Agent on behalf of this entity on Monday, July 29, 2024.