

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1398900.06
Michael G. Adams
Secretary of State
Received and Filed
10/1/2024 12:00:00 AM
Fee receipt: \$90

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

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 **limited liability company**.

2. The name of the entity is

Viral Ren Pay LLC

3. The name of the entity to be used in Kentucky is

Viral Ren Pay LLC

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

5. The date of organization is **7/2/2024** and the period of duration is **perpetual**.

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

9707 Lyric Ln, Louisville, KY 40299

7. The name of the initial registered agent is

InCorp Services, Inc.

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

828 Lane Allen Rd Ste 219, Lexington, KY 40504

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

Registered Agent	InCorp Services, Inc.	828 Lane Allen Rd Ste 219, Lexington, KY 40504
Authorized Rep	Reid Schlotterbeck	1546 Crosswinds Dr, Independence, KY 41051

9. This entity is managed by **Members**.

10. This filing will be effective on **Tuesday, October 1, 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 **Authorized Rep: Reid Schlotterbeck**

I, **Kathy Shin**, consent to sign for **InCorp Services, Inc.** who

serves as the Registered Agent on behalf of
October 1, 2024.

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