# Commonwealth of Kentucky Michael G. Adams, Secretary of State

1409301.06 Michael G. Adams Secretary of State Received and Filed 1/1/2025 12:00:00 AM

Fee receipt: \$90

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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

### **Previon Solutions LLC**

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

#### **Previon Solutions LLC**

- 4. The state or country under whose law the entity is organized is California.
- 5. The date of organization is 6/3/2019 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

## 22895 Eastpark Dr, Yorba Linda, CA 92887

7. The name of the initial registered agent is

#### Previon

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

#### 7503 Glen Arbor Rd, Louisville, KY 40222

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

Registered Agent	Previon	7503 Glen Arbor Rd, Louisville, KY 40222
Authorized Rep	Previon	7503 Glen Arbor Rd, Louisville, KY 40222

- 9. This entity is managed by **Members**.
- 10. This filing will be effective on Wednesday, January 1, 2025.

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: Jenny Brown** 

I, **Jenny Brown**, consent to sign for **Previon** who serves as the Page 1 of 2

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Registered Agent on behalf of this entity on 1 14, 2024.

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