

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 **limited liability company**.

2. The name of the entity is

CONFLICT CIRCUMVENTION LLC.

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

4. The date of organization is **8/2/2021** and the period of duration is **perpetual**.

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

3445 Lincoln Rd Ste. A, Indianapolis, IN 46222

6. The street address of the entity's registered office in Kentucky is

212 N. 2nd Street STE 100, Richmond, KY 40475

and the name of the registered agent at that office is **Kentucky Registered Agent LLC.**

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

Manager	Ronald W Jackson	3445 Lincoln Rd Indianapolis Ste. A	IN	46222
Organizer	Ronald W Jackson	3445 Lincoln Rd Indianapolis Ste. A	IN	46222

8. This entity is managed by **Managers**.

9. This application will be effective on **Sunday, April 21, 2024**.

As the Authorized Representative, I, **Ronald Jackson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**

I, **Ronald Jackson**, consent to sign for **Kentucky Registered Agent LLC** who serves as the **Registered Agent** on behalf of this limited liability company company.