

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1372207.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
6/17/2024 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

**Chalexbee Cuts LLC**

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

**Chalexbee Cuts LLC**

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

5. The date of organization is **1/5/2024** and the period of duration is **perpetual**.

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

**3019 Thornhill Dr, Evansville, IN 47725**

7. The name of the initial registered agent is

**Sarah Hardy**

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

**4064 Shady Hollow Dr, Henderson, KY 42420**

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

<b>Registered Agent</b>	Sarah Hardy	4064 Shady Hollow Dr, Henderson, KY 42420
<b>Authorized Rep</b>	Jenny Riley	3461 Turnberry Ct, West Chester, OH 45069
<b>Manager</b>	Jennifer Link	3019 Thornhill Dr, Evansville, IN 47725

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

10. This application will be effective on **Monday, June 17, 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:**  
**Jenny Riley**

I, **Sarah Hardy**, consent to sign for **Sarah H**  
the Registered Agent on behalf of this entity  
2024.

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