

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1377610.06
Michael G. Adams
Secretary of State
Received and Filed
7/10/2024 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

Eastern Plumbing Solutions, LLC

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

Eastern Plumbing Solutions, LLC

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

5. The date of organization is **2/28/2023** and the period of duration is **perpetual**.

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

1600 S Preston St, Louisville, KY 40217

7. The name of the initial registered agent is

James Burch

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

1600 S Preston St, Louisville, KY 40217

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

Registered Agent	James Burch	1600 S Preston St, Louisville, KY 40217
Authorized Rep	James Burch	1600 S Preston St, Louisville, KY 40217
Manager	James Burch	1600 S Preston St, Louisville, KY 40217

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

10. This application will be effective on **Wednesday, July 10, 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:**
James Burch

I, **James Burch**, consent to sign for **James**
the Registered Agent on behalf of this entity
10, 2024.

1377610.06**Michael G. Adams****Secretary of State**

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