

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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 business entity is a **limited liability company**.
2. The name of the entity is: **SVD SOLUTIONS**
3. The name of the entity to be used in Kentucky is (if applicable): **SVD SOLUTIONS LLC**
4. The state or country whose law the entity is organized is **Virginia**.
5. The date of organization is **6/6/2011** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, March 13, 2024
6. This entity is managed by Members

7. Principal Office

7719 Grandview Lake Rd
Ashland, KY 41102

8. Required Representatives

Member	John Rector	7719 Grandview Lake Rd	Ashland	KY	41102
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9. Registered Agent/Office

John Rector
7719 Grandview Lake Rd
Ashland, KY 41102

I, **John Rector**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, March 13, 2024

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