

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
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 **professional limited liability limited company**.

2. The name of the entity is

The Rock Pushers LLC

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

The Rock Pusher LLC

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

5. The date of organization is **4/15/2024** and the period of duration is **perpetual**.

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

7999 Greensburg Rd, Mount Sherman, KY 42764

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

7999 Greensburg Rd, Mount Sherman, KY 42764

and the name of the registered agent at that office is **John Verbocy**.

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

Registered Agent	John Verbocy	7999 Greensburg Rd	Mount Sherman	KY	42764
Authorized Rep	John Verbocy	7999 Greensburg Rd	Mount Sherman	KY	42764

9. This entity is limited partnership that elects to be a limited liability limited partnership.

10. This entity is managed by **Members**.

11. This application will be effective on **Tuesday, April 16, 2024**.

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

I, **John Verbocy**, consent to sign for **John Verbocy** who serves as the **Registered Agent** on behalf of this Entity.