



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
7/25/2024 11:25 AM  
Fee Receipt: \$90.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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:
  - profit corporation
  - business trust
  - limited partnership
  - non-profit llc
  - nonprofit corporation
  - limited liability company
  - ltd cooperative association
  - professional service corporation
  - professional limited liability company
  - statutory trust
  - public benefit corporation
  - other

2. The name of the entity is Boulder Springs, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 05/09/2024 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
5764 Boomer Road  
Street Address Cincinnati City OHIO State 45247 Zip Code

7. The street address of the entity's registered office in Kentucky is  
331 East College Avenue  
Street Address (No P.O. Box Numbers) Stanton City KY State 40380 Zip Code

and the name of the registered agent at that office is B. Scott Graham

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Charles Seth Ranz	5764 Boomer Road	Cincinnati	Ohio	45247
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

X Charles Seth Ranz, Member  
Signature of Authorized Representative Printed Name & Title 07/24/2024 Date

I, B. Scott Graham, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent  
B. Scott Graham  
Signature of Registered Agent Printed Name Registered Agent Title B. Scott Graham 07/24/2024 Date