

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  
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 business entity is a **limited liability company**.
2. The name of the entity is: **SUMMIT LEVEL, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **North Carolina**.
5. The date of organization is **8/27/2020** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

210 Oak Avenue  
Kannapolis, NC 28081

**8. Required Representatives**

<b>Manager</b>	Steven Ross	210 Oak Avenue	Kannapolis	NC	28081-42 39
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**9. Registered Agent/Office**

Northwest Registered Agent LLC  
212 N. 2nd St. STE 100  
Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, June 30, 2023

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