Commonwealth of Kentucky Michael G. Adams, Secretary of State

1367315.06 Michael G. Adams Secretary of State Received and Filed 5/24/2024 12:00:00 AM

Fee receipt: \$90

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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 entity is a **limited liability company**.
- 2. The name of the entity is

MT AUBURN TAX LLC

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

MT AUBURN TAX LLC

- 4. The state or country under whose law the entity is organized is **Ohio**.
- 5. The date of organization is 5/22/2024 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

1881 Dixie Hwy Ste 100, Ft Wright, KY 41011

7. The name of the initial registered agent is

Patrick Sullivan

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

1881 Dixie Hwy Ste 100, Ft Wright, KY 41011

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

Registered Agent	Patrick Sullivan	1881 Dixie Hwy Ste 100, Ft Wright, KY 41011
Authorized Rep	Patrick Sullivan	1881 Dixie Hwy Ste 100, Ft Wright, KY 41011

- 9. This entity is managed by **Members**.
- 10. This application will be effective on Friday, May 24, 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:** Patrick Sullivan

I, **Patrick Sullivan**, consent to sign for **Patrick Sullivan** who Page 1 of 2

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serves as the Registered Agent on behalf of May 24, 2024.

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