

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1431617.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/20/2025 12:00:00 AM  
Fee receipt: \$90

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

**IMPACT HOMES, LLC**

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

4. The date of organization is **11/1/2024** and the period of duration is **perpetual**.

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

**10507 PINETREE COURT, COVINGTON, KY 41015**

6. The name of the initial registered agent is

**NCH Registered Agent**

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

**710 E Main St, Lexington, KY 40502**

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

<b>Manager</b>	TROY WESLEY CROOK	10507 PINETREE COURT, COVINGTON, KY 41015
<b>Organizer</b>	TROY WESLEY CROOK	10507 PINETREE COURT, COVINGTON, KY 41015
<b>Manager</b>	MICHELLE CROOK	10507 PINETREE COURT, COVINGTON, KY 41015
<b>Organizer</b>	MICHELLE CROOK	10507 PINETREE COURT, COVINGTON, KY 41015

8. This entity is managed by **Managers**.

9. This filing will be effective on **Thursday, February 20, 2025**.

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 **MANAGER: TROY**

**WESLEY CROOK**

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I, **TREVOR ROWLEY**, consent to sign for **N**  
**Agent** who serves as the Registered Agent  
on Thursday, February 20, 2025.

