

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 **limited liability company**.
2. The name of the entity is
HOUSE OF HORSEPOWER LLC
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **7/27/2023** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
2442 Winnipeg Drive, Lakeland, FL 33805
6. The street address of the entity's registered office in Kentucky is
195 Thomason Ct, Shepherdsville, KY 40165
and the name of the registered agent at that office is **M A Harmon**.

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

Member	MA Middleton-Harmon	2442 Winnipeg Drive	Lakeland	FL	33805
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8. This entity is managed by **Members**.
9. This application will be effective on **Tuesday, April 23, 2024**.

As the Authorized Representative, I, **MA Middleton-Harmon**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Mgr**

I, **M A Harmon**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.