

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1397219.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/23/2024 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

**Incremental Systems LLC**

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

**Incremental Systems LLC**

4. The state or country under whose law the entity is organized is **South Dakota**.

5. The date of organization is **11/23/2023** and the period of duration is **perpetual**.

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

**410 Monticello St, Somerset, KY 42501**

7. The name of the initial registered agent is

**Doyle Turner**

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

**410 Monticello St, Somerset, KY 42501**

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

<b>Registered Agent</b>	Doyle Turner	410 Monticello St, Somerset, KY 42501
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<b>Authorized Rep</b>	Doyle Turner	410 Monticello St, Somerset, KY 42501
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9. This entity is managed by **Members**.

10. This filing will be effective on **Monday, September 23, 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: Doyle Turner**

I, **Doyle Turner**, consent to sign for **Doyle Turner** who serves as  
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the Registered Agent on behalf of this entity  
September 23, 2024.

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