

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1381920.06
Michael G. Adams
Secretary of State
Received and Filed
7/26/2024 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

OFF GRID ENERGY SOLUTIONS

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

OFF GRID ENERGY SOLUTIONS LLC

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

5. The date of organization is **12/24/2023** and the period of duration is **perpetual**.

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

1261 S 820 E Ste 300, American Fork, UT 84003

7. The name of the initial registered agent is

JAMES EATON

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

5785 Russell Springs Rd, Columbia, KY 42728

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

| | | |
|-------------------------|----------------|---|
| Registered Agent | JAMES EATON | 5785 Russell Springs Rd, Columbia, KY 42728 |
| Authorized Rep | APRIL MITCHELL | 1261 S 820 E Ste 300, American Fork, UT 84003 |

9. This entity is managed by **Members**.

10. This application will be effective on **Friday, July 26, 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:**
APRIL MITCHELL

I, **JAMES EATON**, consent to sign for **JAMES EATON** who
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serves as the Registered Agent on behalf of
July 26, 2024.

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