

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
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

SNS MANAGEMENT LLC

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

4. The date of organization is **1/4/2016** and the period of duration is **perpetual**.

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

11503 Springfield Pike, Suite 210, Cincinnati, OH 45246

6. The name of the initial registered agent is

QI Services-Kentucky, Inc.

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

50 E. Rivercenter Blvd., Suite 200, Covington, KY 41011

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

Member	Coleman Nelson	1577 Silverglade Ct., Cincinnati, OH 45240
Member	Jered Sturm	8920 Spooky Ridge Ln., Cincinnati, OH 45242
Member	Andrew Sturm	9040 Spooky Ridge Ln., Cincinnati, OH 45242

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

9. This filing will be effective on **Monday, April 21, 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 **Member: Coleman Nelson**

I, **Marshall K. Dosker**, consent to sign for **QI Services-Kentucky, Inc.** who serves as the Registered Agent on behalf of this entity on Monday, April 21, 2025.