

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1363921.06
Michael G. Adams
Secretary of State
Received and Filed
5/10/2024 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

Jay Bunyan LLC

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

Jay Bunyan LLC

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

5. The date of organization is **9/1/2010** and the period of duration is **perpetual**.

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

3377 Whispering Trees Dr, Amelia, OH 45102

7. The street address of the entity's registered office in Kentucky is

159 Ward Ave, Bellevue, KY 41073

and the name of the registered agent at that office is **Best Financial Solutions, LLC**.

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

Registered Agent	Best Financial Solutions, LLC	159 Ward Ave	Bellevue	KY	41073
Authorized Rep	Best Financial Solutions, LLC	159 Ward Ave	Bellevue	KY	41073
Authorized Rep	Jason Berry	3377 Whispering Trees Dr	Amelia	OH	45102

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

10. This application will be effective on **Friday, May 10, 2024**.

As the Authorized Representative, I, **Allysia Best**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Allysia Best**, consent to sign for **Best Financial Solutions, LLC** who serves as the **Registered Agent** on behalf of this limited liability company company.

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