

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
EXTRAORDINARY SOLUTIONS LLC
3. The state or country under whose law the entity is organized is **Ohio**.
4. The date of organization is **4/11/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
6844 Bardstown rd # 688, Louisville, KY 40291
6. The street address of the entity's registered office in Kentucky is
6844 Bardstown rd, louisville, KY 40291
and the name of the registered agent at that office is **walter allen**.
8. This entity is managed by Members
9. This application will be effective on **Thursday, April 11, 2024**.

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

I, **walter allen**, consent to serve as the **Registered Agent** on behalf of this Entity.