

**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
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

COVIA SOLUTIONS LLC

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

4. The date of organization is **1/9/1986** and the period of duration is **perpetual**.

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

3 Summit Park Dr Suite 700, Independence, OH 44131

6. The name of the initial registered agent is

CT Corporation System

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

306 W. Main St, Suite 512, Frankfort, KY 40601

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

Member Scott Tincher 3 Summit Park Dr, Independence, OH 44131

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

9. This filing will be effective on **Thursday, February 20, 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 **Director of Tax: Scott Tincher**

I, **Stephanie Hencz**, consent to sign for **CT Corporation System** who serves as the Registered Agent on behalf of this entity on Thursday, February 20, 2025.