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**

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

# **5 Star Contracting Services LLC**

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

# **5 Star Contracting Services LLC**

- 4. The state or country under whose law the entity is organized is **Tennessee**.
- 5. The date of organization is 2/5/2023 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

### 341 Sandcastle Rd, Franklin, TN 37069

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

### 212 N 2nd St Ste 100, Richmond, KY 40475

and the name of the registered agent at that office is Registered Agents Inc.

8. The names and bu	usiness addresses o	of the entity's repres	entatives:		
<b>Registered Agent</b>	Registered Agents Inc 212 N 2nd St		Richmond	KY	40475
		Ste 100			
Authorized Rep	Nick Thomas	1300 Shadow	Franklin	TN	37064
		Green Dr Apt			
		13203			

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

10. This application will be effective on Wednesday, May 15, 2024.

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

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this limited liability company company.

L902

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