

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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Frankfort, KY 40602-0718  
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<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

**RESTON SERVICES, LLC**

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

4. The date of organization is **8/28/2024** and the period of duration is **perpetual**.

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

**495 Erlanger Road Ste 102, Erlanger, KY 41018**

6. The name of the initial registered agent is

**KMK Service Corp.**

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

**2335 Buttermilk Crossing, Crescent Springs, KY 41017**

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

<b>Manager</b>	Kyle Motycka	495 Erlanger Road Ste 102, Erlanger, KY 41018
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<b>Organizer</b>	Kyle Motycka	495 Erlanger Road Ste 102, Erlanger, KY 41018
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Friday, August 30, 2024**.

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 **Manager: Kyle Motycka**

I, **Rob C. Lesan, III**, consent to sign for **KMK Service Corp.** who serves as the Registered Agent on behalf of this entity on Friday, August 30, 2024.