

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 business entity is a **limited liability company**.
2. The name of the entity is: **SKAVIS LIFTING VENTURES LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Nebraska**.
5. The date of organization is **1/25/2021** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

70 Guy Ct
Guston, KY 40142

8. Required Representatives

Manager	Carla Bradley	70 Guy Ct	Guston	KY	40142
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9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504-3659

I, **Jennifer Anderson on Behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, July 13, 2023

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