

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1439529.06
Michael G. Adams
Secretary of State
Received and Filed
3/19/2025 12:00:00 AM
Fee receipt: \$90

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

EOB TPALLC

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

4. The date of organization is **3/26/2024** and the period of duration is **perpetual**.

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

6918 US Highway 19, New Port Richey, FL 34652

6. The name of the initial registered agent is

C T Corporation System

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

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

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

Manager	Peter David	6918 US Highway 19, New Port Richey, FL 34652
Organizer	Peter David	6918 US Highway 19, New Port Richey, FL 34652
Manager	Erin David	6918 US Highway 19, New Port Richey, FL 34652
Organizer	Erin David	6918 US Highway 19, New Port Richey, FL 34652

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

9. This filing will be effective on **Wednesday, March 19, 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 **Manager / President:**
Peter David

I, **Stephanie Mitchell**, consent to sign for **C T Corporation System** who serves as the Registered Agent on behalf of this

entity on Wednesday, March 19, 2025.

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