

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1397730.06
Michael G. Adams
Secretary of State
Received and Filed
9/25/2024 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

Jurvakainen Enterprises LLC

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

Jurvakainen Enterprises LLC

4. The state or country under whose law the entity is organized is **Washington**.

5. The date of organization is **11/4/2004** and the period of duration is **perpetual**.

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

9218 171st Ave Se, Snohomish, WA 98290

7. The name of the initial registered agent is

Melissa Kasson

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

1340 Cherry Corner Rd, Murray, KY 42071

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

Registered Agent	Melissa Kasson	1340 Cherry Corner Rd, Murray, KY 42071
Authorized Rep	Jill Jurvakainen	9218 171st Ave Se, Snohomish, WA 98290

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

10. This filing will be effective on **Wednesday, September 25, 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 **Authorized Rep: Jill Jurvakainen**

I, **Melissa Kasson**, consent to sign for **Melissa Kasson** who
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serves as the Registered Agent on behalf of
Wednesday, September 25, 2024.

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