

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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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 **professional limited liability limited company**.

2. The name of the entity is

Capitis Holdings LLC

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

Capitis Holdings LLC

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

5. The date of organization is **4/26/2019** and the period of duration is **perpetual**.

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

1645 Harry Berry Ln, Hopkinsville, KY 42240

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

1645 Harry Berry Ln, Hopkinsville, KY 42240

and the name of the registered agent at that office is **Julie Garnett**.

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

Registered Agent	Julie Anne Garnett	1645 Harry Berry Ln	Hopkinsville	KY	42240
Authorized Rep	Julie Anne Garnett	1645 Harry Berry Ln	Hopkinsville	KY	42240

9. This entity is limited partnership that elects to be a limited liability limited partnership.

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

11. This application will be effective on **Tuesday, April 16, 2024**.

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

I, **Julie Anne Garnett**, consent to sign for **Julie Garnett** who serves as the **Registered Agent** on behalf of this Entity.