Commonwealth of Kentucky Michael G. Adams, Secretary of State

1370134.06 Michael G. Adams Secretary of State Received and Filed 6/6/2024 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

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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

The Works LLC

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

The Works LLC

- 4. The state or country under whose law the entity is organized is **Ohio**.
- 5. The date of organization is 11/19/2002 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

109 Fieldview Dr, Versailles, KY 40383

7. The name of the initial registered agent is

Christopher Rambicure

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

109 Fieldview Dr. Versailles, KY 40383

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

Registered Agent	Christopher Rambicure	109 Fieldview Dr, Versailles, KY 40383
Authorized Rep	Christopher Rambicure	109 Fieldview Dr, Versailles, KY 40383
Manager	Lance Sizemore	1014 US 52 Spur, New Richmond, OH 45157

- 9. This entity is managed by **Managers**.
- 10. This application will be effective on **Thursday**, **June 6**, **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:** Christopher Rambicure

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I, **Christopher Rambicure**, consent to sign **Rambicure** who serves as the Registered A entity on Thursday, June 6, 2024.

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