Commonwealth of Kentucky Michael G. Adams, Secretary of State

1372334.06 Michael G. Adams Secretary of State Received and Filed 6/17/2024 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

Camper Bills RV Repair LLC

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

Camper Bills RV Repair LLC

- 4. The state or country under whose law the entity is organized is Virginia.
- 5. The date of organization is 6/8/2023 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

2321 Sir Barton Way Ste 140, Lexington, KY 40509

7. The name of the initial registered agent is

Megan Gast

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

534 Regency Cir Apt 107, Richmond, KY 40475

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

Registered Agent	Megan Rae Gast	534 Regency Cir Apt 107, Richmond, KY 40475
Authorized Rep	Megan Rae Gast	534 Regency Cir Apt 107, Richmond, KY 40475
Authorized Rep	William Troy Gast	534 Regency Cir Apt 107, Richmond, KY 40475

- 9. This entity is managed by **Members**.
- 10. This application will be effective on **Monday**, **June 17**, **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:** William Troy Gast

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I, **Megan Rae Gast**, consent to sign for **Meg** as the Registered Agent on behalf of this ent 17, 2024.

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