

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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 business entity is a **limited liability company**.
2. The name of the entity is: **ILLUMILIGHT HOME DEVELOPERS, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Nevada**.
5. The date of organization is **2/6/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

9 Joshua Dr
Metropolis, IL 62960

8. Required Representatives

Manager	Phillip Davis	9 Joshua Dr	Metropolis	IL	62960
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9. Registered Agent/Office

NCH Registered Agent
4965 US Highway 42, St. 1000-38
Louisville, KY 40222

I, **Erika Barrios, Officer, NCH Registered Agent**, consent to sign for **NCH Registered Agent** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 21, 2023

As the Authorized Representative, I, **Phillip Davis**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**