

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1445535.06
Michael G. Adams
Secretary of State
Received and Filed
4/9/2025 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

SOLVEN LLC

3. The state or country under whose law the entity is organized is **Indiana**.

4. The date of organization is **4/9/2025** and the period of duration is **perpetual**.

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

4419 Possibility Way, Louisville, KY 40245

6. The name of the initial registered agent is

DAVANTA RASHAD SCRUGGS

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

4419 POSSIBILITY WAY, LOUISVILLE, KY 40245

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

Manager	DAVANTA RASHAD SCRUGGS	4419 POSSIBILITY WAY, LOUISVILLE, KY 40244
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Organizer	DAVANTA RASHAD SCRUGGS	4419 POSSIBILITY WAY, LOUISVILLE, KY 40244
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, April 9, 2025**.

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 **CEO: DAVANTA SCRUGGS**

I, **DAVANTA RASHAD SCRUGGS**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, April 9,

2025.

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