

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

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: **TWIN LAKES FIRE SERVICE, 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 **Illinois**.
5. The date of organization is **7/31/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

3804 N Cunningham Suite 1  
Suite 209  
Urbana, IL 61802

**8. Required Representatives**

<b>Manager</b>	Ryan Donaldson	3804 N Cunningham Suite 1	Urbana	IL	61802
<b>Manager</b>	Amanda Donaldson	3804 N Cunningham Suite 1	Urbana	IL	61802

**9. Registered Agent/Office**

Corporation Service Company  
421 WEST MAIN STREET  
Frankfurt, KY 40601

I, **Andrea Mancari**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.

on Monday, September 11, 2023

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