

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1399536.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/3/2024 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

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

**TUBEAUX BY ROCKY PATEL, LLC**

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

4. The date of organization is **2/4/2021** and the period of duration is **perpetual**.

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

**4220 Corporate Square, Naples, FL 34104**

6. The name of the initial registered agent is

**Registered Agent Solutions, Inc.**

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

**828 Lane Allen Road Suite 219, Lexington, KY 40504**

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

<b>Manager</b>	Darren Thibodeau	4220 Corporate Square, Naples, FL 34104
<b>Organizer</b>	Darren Thibodeau	4220 Corporate Square, Naples, FL 34104
<b>Manager</b>	Lauren Bussler	4220 Corporate Square, Naples, FL 34104
<b>Organizer</b>	Lauren Bussler	4220 Corporate Square, Naples, FL 34104

8. This entity is managed by **Managers**.

9. This filing will be effective on **Thursday, October 3, 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 **Business**  
**Administrator: Lauren Bussler**

I, **Registered Agent Solutions, Inc.**, consent to sign for  
**Registered Agent Solutions, Inc.** who serves as the Registered

Agent on behalf of this entity on Thursday, Oct 3, 2024

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