



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1411836.06

mmore
L902

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
11/27/2024 8:55 AM
Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the foreign entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation
2. The name of the foreign entity is GARAGE LAB SERVICES, LLC
(The name must be identical to the name on record in the state or country where the foreign entity was formed.)
3. The name of the foreign entity to be used in Kentucky is (if applicable):
(Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)
4. The state or country under whose law the foreign entity is organized is OHIO
5. The date of organization is 10/03/2024 and the period of duration is _____
(If left blank, duration is considered perpetual.)
6. The mailing address of the foreign entity's principal office is
PO BOX 12122 COVINGTON KY 41011
Street Address City State Zip Code
7. The street address of the foreign entity's registered office in Kentucky is
421 WEST MAIN STREET FRANKFORT KY 40601
Street Address City State Zip Code
- and the name of the registered agent at that office is CORPORATION SERVICE COMPANY
8. The names and business addresses of the foreign entity's representatives (e.g., secretary, officers and directors, managers, trustees, or general partners):
- | | | | | |
|------------------|---------------------|------------------|-----------|--------------|
| <u>ED WALTON</u> | <u>PO BOX 12122</u> | <u>COVINGTON</u> | <u>KY</u> | <u>41011</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
| <u>ROB HUFF</u> | <u>PO BOX 12122</u> | <u>COVINGTON</u> | <u>KY</u> | <u>41011</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
| <u>JIM WEST</u> | <u>PO BOX 12122</u> | <u>COVINGTON</u> | <u>KY</u> | <u>41011</u> |
| Name | Street or P.O. Box | City | State | Zip Code |
9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.
10. I certify that, as of the date of filing this application, the above-named foreign entity validly exists under the laws of the jurisdiction of its formation.
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐
12. If a limited liability company, check box if manager-managed: ☒
13. This application will be effective upon filing.

Signature of Authorized Representative

JIM WEST, CFO/SECRETARY
Printed Name & Title

Date

11/18/2024

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Melvin Maldonado
Signature of Registered Agent

Melvin Maldonado
Printed Name

Assistant Secretary
Title

11/25/2024
Date

FILING INSTRUCTIONS
APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The foreign entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The foreign entity's "real name" must be provided as it appears in the records of the state or foreign country under whose laws it is organized.

NAME OF THE ENTITY TO BE USED IN KENTUCKY

A "fictitious name" is required only if the real name of the foreign entity is already in active use in Kentucky by another entity or foreign entity or the name does not conform to the requirements of Kentucky law pursuant to KRS 14A.3-040.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the foreign entity was filed with the secretary of state or other official having custody of corporate records in the state or foreign country under whose laws it is organized. The period of duration of the foreign entity is that period which is stated in its organizational filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the foreign entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED AGENT AND REGISTERED OFFICE

Each foreign entity qualified to transact business in Kentucky must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The foreign entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.