

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: **SOLUTION FOCUSED CONTROLS CONSULTING 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 **Texas**.
5. The date of organization is **3/15/2021** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

271 W. Short St Ste 410 #254  
Lexington, KY 40506

**8. Required Representatives**

<b>Member</b>	Fabian Estrada Henneberg	17350 State Highway 249, Ste 220 #5034	Houston	TX	77064
<b>Member</b>	Myoungho Choi	17350 State Highway 249, Ste 220 #5034	Houston	TX	77064
<b>Member</b>	Kevin Manning	3320 Bridlington Rd	Lexington	KY	40509

**9. Registered Agent/Office**

REPUBLIC REGISTERED AGENT LLC  
271 W. Short St Ste 410  
Lexington, KY 40506

I, **Wesley Dolan**, consent to sign for **REPUBLIC REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, April 5, 2023

As the Authorized Representative, I, **Fabian Estrada Henneberg**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**