

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1401838.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/15/2024 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

**ATTENTIVE TOWING ATTENTIVE TOWING**

3. The name of the entity to be used in Kentucky is

**ATTENTIVE TOWING Limited Liability Company**

4. The state or country under whose law the entity is organized is **Ohio**.

5. The date of organization is **10/10/2023** and the period of duration is **perpetual**.

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

**293 CONNERSVILLE PK, Cynthiana, KY 41031**

7. The name of the initial registered agent is

**JARED MORRISON**

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

**293 CONNERSVILLE PK, Cynthiana, KY 41031**

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

<b>Registered Agent</b>	JARED MORRISON	293 CONNERSVILLE PK, Cynthiana, KY 41031
<b>Authorized Rep</b>	JARED MORRISON	8630 State Route 138, Hillsboro, OH 45133
<b>Authorized Rep</b>	JARED MORRISON	8630 State Route 138, Hillsboro, OH 45133

9. This entity is managed by **Members**.

10. This filing will be effective on **Tuesday, October 15, 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 **Authorized Rep:**  
**JARED MORRISON**

I, **JARED MORRISON**, consent to sign for J  
who serves as the Registered Agent on behalf of  
Tuesday, October 15, 2024.

**1401838.06****Michael G. Adams****Secretary of State**

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