

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  
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Frankfort, KY 40602-0718  
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<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: **SHIVPARIVAR 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 **Pennsylvania**.
5. The date of organization is **3/31/2019** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

936 LONGWOOD COURT  
CHALFONT, PA 18914

**8. Registered Agent/Office**

AMIT PATEL  
4481 ALIGAN WAY  
LEXINGTON, KY 40515

I, **AMIT PATEL**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Thursday, May 18, 2023

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