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

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: HASSLE FREE LENDING 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 Michigan.

5. The date of organization is 8/6/2021 and the period of duration is perpetual.

6. This entity is managed by Managers

7. Principal Offic	ce				
38219 Mound Roa	ad			-11	
Suite 201					
Sterling Heights,	MI 48310	limited 1		31	
8. Required Rep	resentatives	TTET	5		
Manager	Joshua L Wright	38219 Mound Road, Suite 201	Sterling Heights	MI	48310
9. Registered Ag	jent/Office	VIN STATE	N/32		
Northwest Registe	ered Agent LLC	ED WE	1331		
212 N. 2nd Street	, STE 100				
Richmond, KY 40	475				

I, Joshua Wright, consent to sign for Northwest Registered Agent LLC who serves as the Registered Agent on behalf of this Entity. on Wednesday, July 5, 2023

As the Authorized Representative, I, **Joshua L Wright**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Managing Member**

1292439 **1292439** Michael G. A.....

KY Secretary of State Received and Filed 7/5/2023 3:21:48 PM Fee receipt: \$90.00

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