# Commonwealth of Kentucky Michael G. Adams, 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 entity is a **limited liability company**.
- 2. The name of the entity is

#### LLYR SUPPLIES LLC

- 3. The state or country under whose law the entity is organized is **Florida**.
- 4. The date of organization is 2/9/2021 and the period of duration is perpetual.
- 5. The mailing address of the entity's principal office is

#### 221 W Hallandale Beach Blvd, Hallandale Beach, FL 33009

6. The name of the initial registered agent is

### **Karla Geraldine Fuentes**

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

### 7380 Cumberland Cir, Florence, KY 41042

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

  Member Karla Geraldine Fuentes 7380 Cumberland Cir, Florence, KY 41042
- 8. This entity is managed by Members.
- 9. This application will be effective on Thursday, June 20, 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 **Member: Karla Geraldine Fuentes** 

I, Karla Geraldine Fuentes, consent to sign for Karla Geraldine Fuentes who serves as the Registered Agent on behalf of this entity on Thursday, June 20, 2024.