

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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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  
**IRVIN COBB MARINA, LLC**
3. The state or country under whose law the entity is organized is **Tennessee**.
4. The date of organization is **2/9/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**817 Lourdes Lane, Knoxville, TN 37934**
6. The street address of the entity's registered office in Kentucky is  
**159 Resort Road, Murray, KY 42071**  
and the name of the registered agent at that office is **Vanessa Raper**.

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

<b>Member</b>	Vanessa Raper	817 Lourdes Lane	Knoxville	TN	37934
<b>Member</b>	Ben Arnold	104 Cardinal Pt	Blountville	TN	37617

8. This entity is managed by **Members**.
9. This application will be effective on **Monday, April 22, 2024**.

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

I, **Vanessa Raper**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.