

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1386242.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/12/2024 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

**Knox Ventures LLC**

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

**Knox Ventures LLC**

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

5. The date of organization is **4/19/2024** and the period of duration is **perpetual**.

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

**4780 Dickson Dr Ne, Georgetown, IN 47122**

7. The name of the initial registered agent is

**David Robertson**

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

**826 Brooks Forest Rd, Brooks, KY 40109**

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

<b>Registered Agent</b>	David Robertson	826 Brooks Forest Rd, Brooks, KY 40109
<b>Authorized Rep</b>	Jacob P Knox	4780 Dickson Dr Ne, Georgetown, IN 47122

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

10. This filing will be effective on **Monday, August 12, 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:**  
**Jacob P Knox**

I, **David Robertson**, consent to sign for **David Robertson** who  
Page 1 of 2

serves as the Registered Agent on behalf of  
August 12, 2024.

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