

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1431142.06
Michael G. Adams
Secretary of State
Received and Filed
2/19/2025 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

TLZS PROPERTIES, LLC

3. The state or country under whose law the entity is organized is **Wyoming**.

4. The date of organization is **2/5/2025** and the period of duration is **perpetual**.

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

196 Park Estate Ln, London, KY 40744

6. The name of the initial registered agent is

NCH Registered Agent

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

710 E Main St, Lexington, KY 40502

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

Manager	Lisa Jo Baxter	196 Park Estate Ln, London, KY 40744
Organizer	Lisa Jo Baxter	196 Park Estate Ln, London, KY 40744
Manager	Troy D. Baxter	196 Park Estate Ln, London, KY 40744
Organizer	Troy D. Baxter	196 Park Estate Ln, London, KY 40744

8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, February 19, 2025**.

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 **MANAGER: Lisa Jo Baxter**

I, **TREVOR ROWLEY**, consent to sign for **NCH Registered Agent** who serves as the Registered Agent on behalf of this entity

on Wednesday, February 19, 2025.

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