

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **limited liability company**.
2. The name of the entity is: **TOP DOG AUTO WASH 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 **Indiana**.
5. The date of organization is **10/5/2021** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

1606 N Oak Ridge Ln
Washington, IN 47501

8. Required Representatives

Manager	Timothy Wright	7353 St Andrews Church Rd	Louisville	KY	40214
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9. Registered Agent/Office

Timothy Wright
7353 St Andrews Church Rd
Louisville, KY 40214

I, **Timothy Wright**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, September 28, 2023

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