

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1408243.06
Michael G. Adams
Secretary of State
Received and Filed
11/11/2024 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

STAY HAPPY MOBILE RV REPAIR LLC

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

4. The date of organization is **2/23/2024** and the period of duration is **perpetual**.

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

460 MCCONNELLS TRACE, LEXINGTON, KY 40511

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	JOSHUA LAPPIN	460 MCCONNELLS TRACE, LEXINGTON, KY 40511
Organizer	JOSHUA LAPPIN	460 MCCONNELLS TRACE, LEXINGTON, KY 40511
Manager	CHRISTINA LAPPIN	460 MCCONNELLS TRACE, LEXINGTON, KY 40511
Organizer	CHRISTINA LAPPIN	460 MCCONNELLS TRACE, LEXINGTON, KY 40511

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

9. This filing will be effective on **Monday, November 11, 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 **Manager: JOSHUA**

LAPPIN

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I, **TREVOR ROWLEY**, consent to sign for **N**
Agent who serves as the Registered Agent
on Monday, November 11, 2024.

