

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

DH Group, LLC

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

DH Group, LLC

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

5. The date of organization is **4/1/2024** and the period of duration is **perpetual**.

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

200 W 34th Ave # 977, Anchorage, AK 99503

7. The street address of the entity's registered office in Kentucky is

698 Joppa Dr, Monticello, KY 42633

and the name of the registered agent at that office is **David Mayer**.

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

Registered Agent	David Mayer	698 Joppa Dr	Monticello	KY	42633
Authorized Rep	David Mayer	698 Joppa Dr	Monticello	KY	42633

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

10. This application will be effective on **Friday, May 10, 2024**.

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

I, **David Mayer**, consent to sign for **David Mayer** who serves as the **Registered Agent** on behalf of this limited liability company company.