

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

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: **BLUE LINE SECURITY SOLUTIONS 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 **Illinois**.
5. The date of organization is **4/17/2017** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

15320 Cooper Avenue  
Harvey, IL 60426

**8. Required Representatives**

<b>Manager</b>	Jack Harris	15320 Cooper	Harvey	IL	60426
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**9. Registered Agent/Office**

Registered Agents Inc  
212 N. 2nd Street Suite 100  
Richmond, KY 40475

I, **Dennis Both**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Tuesday, March 21, 2023

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