

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: **OVC CABLING, LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **1/22/2021** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, February 27, 2024
5. This entity is managed by Managers

6. Principal Office

1427 Cedar Street
Clarksville, IN 47129

7. Required Representatives

Manager	Rob Smith	1427 Cedar St.	Clarksville	IN	47129
Manager	Christina Stoll	1427 Cedar Street	Clarksville	IN	47129

8. Registered Agent/Office

Christina Stoll
363 Painted Leaf Ct.
Shelbyville, KY 40065

I, **Christina Stoll**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 27, 2024

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