

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 **professional limited liability limited company**.
 2. The name of the entity is
Brian Tribus L.L.C.
 3. The name of the entity to be used in Kentucky is
Brian Tribus L.L.C.
 4. The state or country under whose law the entity is organized is **North Carolina**.
 5. The date of organization is **9/12/2023** and the period of duration is **perpetual**.
 6. The mailing address of the entity's principal office is
618 Memory Ln, Elizabethtown, KY 42701
 7. The street address of the entity's registered office in Kentucky is
618 Memory Ln, Elizabethtown, KY 42701
- and the name of the registered agent at that office is **Brian Tribus**.

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

Registered Agent	Brian Tribus	618 Memory Ln	Elizabethtown	KY	42701
Manager	Brian Tribus	618 Memory Ln	Elizabethtown	KY	42701
Authorized Rep	Brian Tribus	618 Memory Ln	Elizabethtown	KY	42701

9. This entity is limited partnership that elects to be a limited liability limited partnership.
10. This entity is managed by **Managers**.
11. This application will be effective on **Tuesday, April 23, 2024**.

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

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