

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

ALL CLAIMS REPAIRS, LLC

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

4. The date of organization is **12/17/2021** and the period of duration is **perpetual**.

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

426 S.W. 12th Ave., Deerfield, FL 33442

6. The name of the initial registered agent is

Taft Service Solutions Corp.

and the street address of the entity's initial registered office in Kentucky is

50 E. RiverCenter Boulevard, Suite 850, Covington, KY 41011

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

Manager	Keith Carlson	426 S.W. 12th Ave., Deerfield, FL 33442
Organizer	Keith Carlson	426 S.W. 12th Ave., Deerfield, FL 33442

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

9. This filing will be effective on **Wednesday, March 19, 2025**.

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: Keith Carlson**

I, **Robert Craig**, consent to sign for **Taft Service Solutions Corp.** who serves as the Registered Agent on behalf of this entity on Wednesday, March 19, 2025.