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**

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

# **CBT Properties LLC**

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

## **CBT Properties LLC**

- 4. The state or country under whose law the entity is organized is Idaho.
- 5. The date of organization is 6/14/2024 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

# 8105 S Chugiak PI, Meridian, ID 83642

7. The name of the initial registered agent is

#### **Hammond Thornton**

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

## 204 Lakewood Dr Apt 10, La Grange, KY 40031

8. The names and business addresses of the entity's representatives:Registered AgentHammond Thornton204 Lakewood Dr Apt 10, La Grange, KY 40031Authorized RepChristopher Brian Thornton 8105 S Chugiak PI, Meridian, ID 83642

- 9. This entity is managed by **Members**.
- 10. This application will be effective on Wednesday, June 26, 2024.

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 **Authorized Rep:** Christopher Brian Thornton

## l, **Hammond Thornton**, consent to sign for **Hammond Thornton** Page 1 of 2

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who serves as the Registered Agent on behaved and the Wednesday, June 26, 2024.

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