

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902
1404654.06
Michael G. Adams
Secretary of State
Received and Filed
10/28/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

Log Cabin Tools

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

Log Cabin Tools L.L.C.

4. The state or country under whose law the entity is organized is **Ohio**.

5. The date of organization is **1/3/2023** and the period of duration is **10/28/2024**.

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

298 Becnel Ln Unit I6, Shepherdsville, KY 40165

7. The name of the initial registered agent is

Log cabin tools llc

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

298 Becnel Ln Unit I6, Shepherdsville, KY 40165

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

Authorized Rep	Log cabin tools llc	298 Becnel Ln Unit I6, Shepherdsville, KY 40165
Registered Agent	Evan Smith	298 Becnel Ln Unit I6, Shepherdsville, KY 40165

9. This entity is managed by **Members**.

10. This filing will be effective on **Monday, October 28, 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: Evan ray Smith**

I, **Evan Smith**, consent to sign for **Log cabin tools llc** who serves
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as the Registered Agent on behalf of this entity
October 28, 2024.

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