

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

10/2/2023 2:49:55 PM

Fee receipt: \$90.00

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: **MAVRX FACILITY SUPPORT**
3. The name of the entity to be used in Kentucky is (if applicable): **MAVRX FACILITY SUPPORT LLC**
4. The state or country whose law the entity is organized is **South Carolina**.
5. The date of organization is **5/18/2018** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

4900 O'Hear Avenue, North Charleston, SC, USA
North Charleston, SC 29405

8. Required Representatives

Member	Mike Vargas	4900 O'Hear Avenue, North Charleston, SC, USA	North Charleston	SC	29405
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9. Registered Agent/Office

Kentucky Registered Agent
212 N. Second Street Suite 100
Richmond, KY 40475

I, **Mike Vargas**, consent to sign for **Kentucky Registered Agent** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, October 2, 2023

As the Authorized Representative, I, **Mike Vargas**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Managing Member**