

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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**

|               |             |   |                  |    |       |
|---------------|-------------|---|------------------|----|-------|
| <b>Member</b> | Mike Vargas | 4900 O'Hear Avenue, North Charleston, SC, USA | North Charleston | SC | 29405 |
|---------------|-------------|---|------------------|----|-------|

**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**