



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FDC

Pursuant to the provisions of KRS 14A – 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:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> public benefit corporation |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other |

2. The name of the entity is EAA Enterprises, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): EAA Enterprises, LLC
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 5 August 2021 and the period of duration is indefinite
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
19785 West 12 Mile Rd., Ste. 326 Southfield MI 48076
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
211 Gibson Rd. Louisville KY 40207
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C. Dodd Harris, IV

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
<u>Brandi Ellis</u>	<u>14915 Forest Oaks Dr.</u>	<u>Louisville</u>	<u>KY</u>	<u>40245</u>
<u>Name</u>	<u>Street or P.O. Box</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Name</u>	<u>Street or P.O. Box</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

[Signature]
Signature of Authorized Representative
C. Dodd Harris, IV, Counsel
Printed Name & Title
8 July 2024
Date

I, C. Dodd Harris, IV, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

[Signature]
Signature of Registered Agent
C. Dodd Harris, IV Registered Agent
Printed Name Title
8 July 2024
Date