

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1417156.06
Michael G. Adams
Secretary of State
Received and Filed
12/24/2024 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

SurfaceSmith LLC

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

SurfaceSmith LLC

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

5. The date of organization is **6/24/2019** and the period of duration is **perpetual**.

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

37 Sawgrass St, Benton, KY 42025

7. The name of the initial registered agent is

Timothy Smith

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

37 Sawgrass St, Benton, KY 42025

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

Registered Agent	Timothy Smith	37 Sawgrass St, Benton, KY 42025
Manager	Timothy Smith	37 Sawgrass St, Benton, KY 42025
Authorized Rep	Timothy Smith	37 Sawgrass St, Benton, KY 42025

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

10. This filing will be effective on **Tuesday, December 24, 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:**
Timothy Smith

I, **Timothy Smith**, consent to sign for **Timot**
as the Registered Agent on behalf of this ent
December 24, 2024.

1417156.06**Michael G. Adams****Secretary of State**

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