

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **ABRA KEY DABRA LOCKSMITH SERVICES LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Indiana**.
5. The date of organization is **8/31/2021** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

6127 Alexandria Dr
Evansville, IN 47715-3443

8. Required Representatives

Manager	Oshri Biton	6127 Alexandria Dr	Evansville	IN	47715-3443
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9. Registered Agent/Office

Registered Agents Inc.
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **Oshri Biton**, consent to sign for **Registered Agents Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, January 3, 2023

As the Authorized Representative, I, **Oshri Biton**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**