

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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

HOMESURE PROPERTIES, LLC

3. The state or country under whose law the entity is organized is **Wyoming**.

4. The date of organization is **4/10/2024** and the period of duration is **perpetual**.

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

550 TIMBER RIDGE LANE, SPARTA, KY 41086

6. The street address of the entity's registered office in Kentucky is

550 TIMBER RIDGE LANE, SPARTA, KY 41086

and the name of the registered agent at that office is **RODNEY L DECKARD**.

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

Manager	CLAUDIA A ROMANS	550 TIMBER RIDGE LANE	SPARTA	KY	41086
Organizer	CLAUDIA A ROMANS	550 TIMBER RIDGE LANE	SPARTA	KY	41086
Manager	RODNEY L DECKARD	550 TIMBER RIDGE LANE	SPARTA	KY	41086
Organizer	RODNEY L DECKARD	550 TIMBER RIDGE LANE	SPARTA	KY	41086

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

9. This application will be effective on **Tuesday, May 7, 2024**.

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

I, **RODNEY L DECKARD**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.