

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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 **profit corporation**.
2. The name of the entity is: **AUTO BUFFY INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **6/21/2017** and the period of duration is **perpetual**.

7. Principal Office

501 SE 2nd St Apt 507
Fort Lauderdale, MD 20854

8. Required Representatives

Officer	HARDEEP S CHADHA	501 SE 2nd St AptFort Lauderdale 507	FL	33301
Director	CHETAN CHADHA	501 SE 2nd St AptFort Lauderdale 507	FL	33301
Officer	RASNAIN K CHADHA	501 SE 2nd St AptFort Lauderdale 507	FL	33301

9. Registered Agent/Office

INCORP SERVICES, INC.
828 LANE ALLEN ROAD STE 219
LEXINGTON, KY 40504

I, **XOCHITL FRAYRE**, consent to sign for **INCORP SERVICES, INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, July 25, 2023

As the Authorized Representative, I, **RASNAIN CHADHA**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **VICE PRESIDENT**