

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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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

**MASTERS CONTRACTING, LLC**

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

4. The date of organization is **10/29/2014** and the period of duration is **perpetual**.

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

**400 Frandorson Circle #4233, Apollo Beach, FL 33572**

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

**306 West Main Street, Suite 512, Frankfort, KY 40601**

and the name of the registered agent at that office is **URS AGENTS, LLC**.

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

<b>Manager</b>	Ryan Sherwood	235 Trelawn St	Fort Mill	SC	29715
<b>Organizer</b>	Ryan Sherwood	235 Trelawn St	Fort Mill	SC	29715
<b>Manager</b>	Christopher Shaw	3213 W	Tampa	FL	33607
		Braddock St			
<b>Organizer</b>	Christopher Shaw	3213 W	Tampa	FL	33607
		Braddock St			

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

9. This application will be effective on **Monday, April 15, 2024**.

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

I, **Lauren Johnson**, consent to sign for **URS AGENTS, LLC** who serves as the **Registered Agent** on behalf of this Entity.