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
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
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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

BEDROCK TUBS AND SHOWERS LLC

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

4. The date of organization is **2/20/2024** and the period of duration is **perpetual**.

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

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

6. The name of the initial registered agent is

Northwest Registered Agent LLC

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

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

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

Manager	Wyoming LLC Attorney	212 N. 2nd St. STE 100, Richmond, KY 40475
Organizer	Wyoming LLC Attorney	212 N. 2nd St. STE 100, Richmond, KY 40475

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

9. This filing will be effective on **Wednesday, March 26, 2025**.

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 Signer: Nat Smith**

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the Registered Agent on behalf of this entity on Wednesday, March 26, 2025.