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

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

FLIPPIN AWESOME HOMES, LLC

3. The name of the entity to be used in Kentucky is

FLIPPIN AWESOME HOMES, LLC

- 4. The state or country under whose law the entity is organized is Wyoming.
- 5. The date of organization is **12/26/2024** and the period of duration is **perpetual**.
- 6. The mailing address of the entity's principal office is

4015 Knob Creek Rd, Brooks, KY 40109

7. The name of the initial registered agent is

NCH Registered Agent

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

710 E Main St, Lexington, KY 40502

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

Registered Agent	NCH Registered Agent	710 E Main St, Lexington, KY 40502
Manager	Christopher J Batts	4015 Knob Creek Rd, Brooks, KY 40109
Authorized Rep	Christopher J Batts	4015 Knob Creek Rd, Brooks, KY 40109

- 9. This entity is managed by **Managers**.
- 10. This filing will be effective on Tuesday, January 21, 2025.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 Rep:

L902

1423461.06
Michael G. Adams
Secretary of State
Received and Filed
1/21/2025 12:00:00 AM
Fee receipt: \$90

FBE

400404 00

Christopher J Batts

I, **NCH Registered Agent**, consent to sign **Agent** who serves as the Registered Agent on Tuesday, January 21, 2025. 1423461.06 Michael G. Adams Secretary of State Received and Filed 1/21/2025 12:00:00 AM Fee receipt: \$90

