

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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Frankfort, KY 40602-0718  
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<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 entity is a **limited liability company**.

2. The name of the entity is

**DBO Services LLC**

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

**DBO KY AGENT LLC**

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **9/24/2021** and the period of duration is **perpetual**.

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

**1777 Reisterstown Road Suite 290, Baltimore, MD 21208**

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

**828 LANE ALLEN RD STE 219, LEXINGTON, KY 40504**

and the name of the registered agent at that office is **KENTUCKY LENDERS ASSISTANCE, INC..**

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

<b>Manager</b>	Devorah Glazer	1777 Reisterstown Road Ste 290	Baltimore	MD	21208
<b>Organizer</b>	Devorah Glazer	1777 Reisterstown Road Ste 290	Baltimore	MD	21208

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

10. This application will be effective on **Tuesday, May 21, 2024**.

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

I, **Trisha Lewallen**, consent to sign for **KENTUCKY LENDERS ASSISTANCE, INC.** who serves as the **Registered Agent** on behalf of this limited liability company company.