# Commonwealth of Kentucky 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 http://www.sos.ky.gov

# **Certificate of Authority**

**FBE** 

L902

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

#### LVL GROUP NY LLC

- 3. The state or country under whose law the entity is organized is **New York**.
- 4. The date of organization is 4/20/2022 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

#### **Registered Agents Inc**

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:

ManagerEvan Rugen231 E 5th Street #7, New York, NY 10003OrganizerEvan Rugen231 E 5th Street #7, New York, NY 10003

- 8. This entity is managed by **Managers**.
- 9. This filing will be effective on Friday, November 8, 2024.

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: Robin Jones** 

l, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Friday, November 8, 2024.