

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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

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 business entity is a **limited liability company**.
2. The name of the entity is: **TK MAINTENANCE LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Illinois**.
5. The date of organization is **12/27/2016** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

2660 Bond Street
University Park, IL 60484

8. Required Representatives

Manager	Thomas Gibson	2660 Bond Street University Park	IL	60484
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9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504-3659

I, **Thomas Gibson**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, May 11, 2023

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