

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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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

**SOLVENT PLUS LLC**

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

4. The date of organization is **3/29/2024** and the period of duration is **perpetual**.

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

**1903 Lancing Crest Ln, Chesapeake, VA 23323**

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

**421 West Main Street, Frankfort, KY 40601**

and the name of the registered agent at that office is **Corporation Service Company**.

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

<b>Member</b>	John Sanders	1903 Lancing Crest Ln	Chesapeake	VA	23323
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8. This entity is managed by **Members**.

9. This application will be effective on **Monday, May 20, 2024**.

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

I, **Gillian E Raymond**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this limited liability company company.