

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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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 **profit corporation**.

2. The name of the entity is

**GLASS SOLUTIONS, INC.**

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

4. The date of organization is **6/11/1999** and the period of duration is **perpetual**.

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

**960 Maplewood Dr., Itasca, IL 60143**

6. The name of the initial registered agent is

**Kentucky Lenders Assistance, Inc.**

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

**828 Lane Allen Road, Lexington, KY 40504**

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

<b>Secretary</b>	Kevin Hill	960 Maplewood Dr., Itasca, IL 60143
<b>Director</b>	Andrew Hill	960 Maplewood Dr., Itasca, IL 60143

8. This filing will be effective on **Friday, January 10, 2025**.

This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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 **President: Andrew Hill**

I, **Kentucky Lenders Assistance, Inc.**, consent to sign for **Kentucky Lenders Assistance, Inc.** who serves as the Registered Agent on behalf of this entity on Friday, January 10, 2025.