

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  
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 entity is a **limited liability company**.

2. The name of the entity is

**SCI SERVICES LLC**

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

4. The date of organization is **1/5/2016** and the period of duration is **perpetual**.

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

**3173 Kirby Whitten Rd. Suite 106, Bartlett, TN 38134**

6. The name of the initial registered agent is

**InCorp Services, Inc.**

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

**828 Lane Allen Rd Ste 219, Lexington, KY 40504-3659**

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

**Member** Marvin Hill 7570 Old Brownsville Rd, Arlington, TN 38002

8. This entity is managed by **Members**.

9. This filing will be effective on **Friday, August 9, 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 **Member: Marvin Hill**

I, **Melanie Galero on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the Registered Agent on behalf of this entity on Friday, August 9, 2024.