

**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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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 **profit corporation**.

2. The name of the entity is

**Savant Complex**

3. The name of the entity to be used in Kentucky is

**SAVANT COMPLEX INC.**

4. The state or country under whose law the entity is organized is **Nevada**.

5. The date of organization is **3/1/2024** and the period of duration is **perpetual**.

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

**8109 Alexandria Pike Suite 3 #3027, Alexandria, KY 41001**

7. The name of the initial registered agent is

**Stephen Smith**

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

**8109 Alexandria Pike Suite 3 #3027, Alexandria, KY 41001**

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

<b>Director</b>	Stephen Smith	8109 Alexandria Pike Suite 3 #3027, Alexandria, KY 41001
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9. This filing will be effective on **Saturday, November 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 **Director: Stephen Smith**

I, **Stephen Smith**, consent to serve as the Registered Agent on behalf of this entity on Saturday, November 9, 2024.