

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1374774.06
Michael G. Adams
Secretary of State
Received and Filed
6/27/2024 12:00:00 AM
Fee receipt: \$90

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

QUALITY EQUIPMENT MANAGEMENT, LLC

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

4. The date of organization is **12/27/2016** and the period of duration is **perpetual**.

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

1350 Bluegrass Lakes Pkwy, Alpharetta, GA 30004-3395

6. The name of the initial registered agent is

Registered Agent Solutions, Inc.

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

828 Lane Allen Road Suite 219, Lexington, KY 40504

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

Manager	Timothy Hall	1350 Bluegrass Lakes Pkwy, Alpharetta, GA 30004-3395
Organizer	Timothy Hall	1350 Bluegrass Lakes Pkwy, Alpharetta, GA 30004-3395
Manager	Gregory Hall	1350 Bluegrass Lakes Pkwy, Alpharetta, GA 30004
Organizer	Gregory Hall	1350 Bluegrass Lakes Pkwy, Alpharetta, GA 30004

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

9. This application will be effective on **Thursday, June 27, 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 of Compliance: Christina Jordan**

I, **Ryan DeAnda, Asst. Secretary**, consent to
Agent Solutions, Inc. who serves as the R
behalf of this entity on Thursday, June 27, 20

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