

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

K & K VENTURES, LLC

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

4. The date of organization is **8/18/2014** and the period of duration is **perpetual**.

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

305 WOODED VALLEY DR, NEW ALBANY, IN 47150

6. The name of the initial registered agent is

JAYAKRISHNAKAMAL KONIJETI

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

11205 BODLEY DRIVE, LOUISVILLE, KY 40223

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

Member	JAYAKRISHNAKAMAL KONIJETI	305 WOODED VALLEY DR, NEW ALBANY, IN 47150
Member	VENKATA V KAKARLAPUDI	11205 BODLEY DRIVE, LOUISVILLE, KY 40223

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

9. This application will be effective on **Tuesday, July 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 **PARTNER/MEMBER/
CO-OWNER: JAYAKRISHNAKAMAL KONIJETI**

I, **JAYAKRISHNAKAMAL KONIJETI**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, July 9, 2024.