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**Michael G. Adams**  
**Kentucky Secretary of State**  
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**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

## Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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:
- |                          |                     |                                     |                                  |                          |  |
|--------------------------|---------------------|-------------------------------------|----------------------------------|--------------------------|--|
| <input type="checkbox"/> | profit corporation  | <input type="checkbox"/>            | nonprofit corporation            | <input type="checkbox"/> | professional limited liability company |
| <input type="checkbox"/> | business trust      | <input checked="" type="checkbox"/> | limited liability company        | <input type="checkbox"/> | statutory trust                        |
| <input type="checkbox"/> | limited partnership | <input type="checkbox"/>            | ltd cooperative association      | <input type="checkbox"/> | other                                  |
| <input type="checkbox"/> | non-profit llc      | <input type="checkbox"/>            | professional service corporation |                          |  |

2. The name of the entity is Drivosity, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_ (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 12/28/2015 and the period of duration is \_\_\_\_\_ (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
290 Citrus Tower Blvd Suite 236  
**Street Address**

Clermont  
City

FL  
State

34711  
Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512,  
**Street Address (No P.O. Box Numbers)**

Frankfort  
City

     KY     

40601  
Zip Code

and the name of the registered agent at that office is CT Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Brian Moroney	290 Citrus Tower Blvd	Clermont	FL	34711
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Richard Mohler	290 Citrus Tower Blvd	Clermont	FL	34711
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Steven Elmer	290 Citrus Tower Blvd	Clermont	FL	34711
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Name	290 Citrus Tower Blvd	Clermont	FL	34711
Richard Mohler	Street or P.O. Box	City	State	Zip Code
Name	290 Citrus Tower Blvd	Clermont	FL	34711
Steven Elmer	Street or P.O. Box	City	State	Zip Code

Name	290 Citrus Tower Blvd	Clermont	FL	34711
Steven Elmer	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐


12. If a limited liability company, check box if manager-managed: ☒

13. This ~~app~~lication will be effective upon filing.

Signature of Authorized Representative

Brian Moroney Managing Member 10/24/2022  
Printed Name & Title Date

I, CT Corporation System,, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: CT Corporation System,  Eric Jensen Assistant Secretary 10/25/2022  
Signature of Registered Agent Printed Name Title Date