

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1408379.06
Michael G. Adams
Secretary of State
Received and Filed
11/12/2024 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

Pitts Painting LLC

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

Pitts Painting LLC

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

5. The date of organization is **6/24/2019** and the period of duration is **perpetual**.

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

5653 State Route 145, Corydon, KY 42406

7. The name of the initial registered agent is

Matthew Pitts

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

5653 State Route 145, Corydon, KY 42406

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

| | | |
|-------------------------|---------------|---|
| Registered Agent | Matthew Pitts | 5653 State Route 145, Corydon, KY 42406 |
|-------------------------|---------------|---|

| | | |
|-----------------------|------------|---|
| Authorized Rep | Kate Pitts | 5653 State Route 145, Corydon, KY 42406 |
|-----------------------|------------|---|

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

10. This filing will be effective on **Tuesday, November 12, 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 **Authorized Rep: Kate Pitts**

I, **Matthew Pitts**, consent to sign for **Matthew Pitts** who serves

as the Registered Agent on behalf of this entity
November 12, 2024.

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