

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **limited liability company**.
2. The name of the entity is: **SIMPLIFIED E-SOLUTIONS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Missouri**.
5. The date of organization is **1/4/2017** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

657 Killary Down
Weldon Spring, MO 63304

8. Required Representatives

Member	Andrea DeGraffenreid	657 Killary Down	Weldon Spring	MO	63304
Member	Stevanie Wheeler	4008 Crayton Rd	Naples	FL	34103
Manager	Amy Jones	PO Box 581728	Louisville	KY	40268

9. Registered Agent/Office

Amy L. Jones
1504 Sand Dr
Louisville, KY 40258

I, **Amy L. Jones**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, August 8, 2023

As the Authorized Representative, I, **Amy L. Jones**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Financial Officer**