

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

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: **MOTIVATED HOME ENTERPRISES, 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 **Wyoming**.
5. The date of organization is **5/26/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

4440 Critenden Dr  
Louisville, KY 40221

**8. Required Representatives**

<b>Manager</b>	Maurice L. Bradley	4440 Critenden Dr Louisville	KY	40221
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**9. Registered Agent/Office**

NCH Registered Agent  
4965 US Highway 42, St. 1000-38  
Louisville, KY 40222

I, **Mike Fletcher, Officer**, consent to sign for **NCH Registered Agent** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, August 8, 2023

As the Authorized Representative, I, **Maurice L. Bradley**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**