

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **GOOD FAITH HOMES TEAM LLC**
3. The state or country whose law the entity is organized is **Ohio**.
4. The date of organization is **9/29/2018** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

1649 Garvey Ave
Elsmere, KY 41018

7. Registered Agent/Office

Kyle Claxton
1649 Garvey Ave
Elsmere, KY 41018

I, **Kyle Claxton**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, January 5, 2024

As the Authorized Representative, I, **Kyle Claxton**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**