

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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5/25/2023 1:03:30 PM

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: **SMITH'S PROPERTY RENTAL, 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 **Nevada**.
5. The date of organization is **5/12/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

1608 Park Street
Hickman, KY 42050

8. Required Representatives

Manager	Leonard L Smith	1608 Park Street	Hickman	KY	42050
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9. Registered Agent/Office

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

I, **Trevor Rowley, Vice President**, consent to sign for **NCH Registered Agent** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, May 25, 2023

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