

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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Secretary of State
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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

WARRIOR SERVICE COMPANY LLC

3. The state or country under whose law the entity is organized is **New York**.

4. The date of organization is **2/17/2012** and the period of duration is **perpetual**.

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

2112 S Congress Ave Ste 205, PALM SPRINGS, FL 33406

6. The street address of the entity's registered office in Kentucky is

212 N. 2nd St. STE 100, Richmond, KY 40475

and the name of the registered agent at that office is **Registered Agents Inc.**

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

8. This application will be effective on **Tuesday, April 30, 2024**.

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

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this limited liability company company.