

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1398489.06
Michael G. Adams
Secretary of State
Received and Filed
9/30/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

Broken Arrow Total Home Services LLC

3. The name of the entity to be used in Kentucky is

Broken Arrow Total Home Services LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **11/16/2023** and the period of duration is **12/31/2024**.

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

105 Talbott Dr, Bowling Green, KY 42103

7. The name of the initial registered agent is

Benjamin Lamb

and the street address of the entity's initial registered office in Kentucky is

105 Talbott Dr, Bowling Green, KY 42103

8. The names and business addresses of the entity's representatives:

Registered Agent	Benjamin C Lamb	105 Talbott Dr, Bowling Green, KY 42103
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Authorized Rep	Benjamin C Lamb	105 Talbott Dr, Bowling Green, KY 42103
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9. This entity is managed by **Members**.

10. This filing will be effective on **Monday, September 30, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:**
Benjamin C Lamb

I, **Benjamin C Lamb**, consent to sign for **Benjamin Lamb** who
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serves as the Registered Agent on behalf of
September 30, 2024.

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