

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1410992.06
Michael G. Adams
Secretary of State
Received and Filed
11/22/2024 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

OHIO VALLEY ABSTRACT, LLC

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

OHIO VALLEY ABSTRACT, LLC

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

5. The date of organization is **3/16/2022** and the period of duration is **perpetual**.

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

7419 Devonshire Dr, Alexandria, KY 41001

7. The name of the initial registered agent is

Hana Servant

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

7419 Devonshire Dr, Alexandria, KY 41001

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

Registered Agent	Hana Servant	7419 Devonshire Dr, Alexandria, KY 41001
Authorized Rep	Hana Servant	7419 Devonshire Dr, Alexandria, KY 41001
Authorized Rep	Elivia Rabe	40 Pike St, Covington, KY 41011

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

10. This filing will be effective on **Friday, November 22, 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: Hana Servant**

I, **Hana Servant**, consent to sign for **Hana S**
as the Registered Agent on behalf of this ent
November 22, 2024.

1410992.06**Michael G. Adams****Secretary of State**

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