

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
4/3/2025 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
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

OHKY 3D, LLC

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

4. The date of organization is **3/17/2025** and the period of duration is **perpetual**.

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

3147 Darien Lane, Twinsburg, OH 44087

6. The name of the initial registered agent is

Shanda Coomes Bland

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

11 Stone Creek Park, Owensboro, KY 42303

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

Member	Timothy John Kulbago	3147 Darien Lane, Twinsburg, OH 44087
Member	Shanda Coomes Bland	11 Stone Creek Park, Owensboro, KY 42303

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

9. This filing will be effective on **Thursday, April 3, 2025**.

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 **Member: Shanda Coomes Bland**

I, **Shanda Coomes Bland**, consent to serve as the Registered Agent on behalf of this entity on Thursday, April 3, 2025.