Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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 **professional limited liability limited company**.

2. The name of the entity is

    Clean Fix Kentuckiana LLC

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

    Clean Fix Kentuckiana LLC

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

5. The date of organization is **2/24/2023** and the period of duration is **perpetual**.

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

    6715 Poplar Forest Ln, Louisville, KY 40291

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

    6715 Poplar Forest Ln, Louisville, KY 40291

and the name of the registered agent at that office is **Emily Heaverin**.

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

Registered Agent	Emily Ann Heaverin	6715 Poplar Forest Ln	Louisville	KY	40291
Authorized Rep	Emily Ann Heaverin	6715 Poplar Forest Ln	Louisville	KY	40291

9. This entity is limited partnership that elects to be a limited liability limited partnership.

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

11. This application will be effective on **Wednesday, April 24, 2024**.

As the Authorized Representative, I, **Emily Ann Heaverin** , declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Emily Ann Heaverin**, consent to sign for **Emily Heaverin** who serves as the **Registered Agent** on behalf of this professional limited liability limited company company.