

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1300199 1300199

Michael G. Adams
KY Secretary of State
Received and Filed

8/10/2023 2:06:50 PM

Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **RESQ BUSINESS SOLUTIONS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Illinois**.
5. The date of organization is **9/25/2015** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

101 NORHT SEVENTH STREET
LOUISVILLE, KY 40202

8. Required Representatives

Manager	MICHELE CASSELL	1061 CHADWICK GRAYSLAKE DR	IL	60030
----------------	-----------------	-------------------------------	----	-------

9. Registered Agent/Office

RESQ BUSINESS SOLUTIONS LLC
101 NORTH SEVENTH STREET
LOUISVILLE, KY 40202

I, **MICHELE CASSELL**, consent to sign for **RESQ BUSINESS SOLUTIONS LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, August 10, 2023

As the Authorized Representative, I, **Michele Cassell**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Director of Tax & Operations**