

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1361699.06
Michael G. Adams
Secretary of State
Received and Filed
5/1/2024 12:00:00 AM
Fee receipt: \$90

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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
THE BLOWOUT CO OF NASHVILLE, LLC
 3. The state or country under whose law the entity is organized is **Tennessee**.
 4. The date of organization is **5/1/2012** and the period of duration is **perpetual**.
 5. The mailing address of the entity's principal office is
1945 Scottsville Road Suite C4, Bowling Green, KY 42104
 6. The street address of the entity's registered office in Kentucky is
1945 Scottsville Road Suite C4, Bowling Green, KY 42104
- and the name of the registered agent at that office is **The Blowout Co.**
7. This entity is managed by **Members**.
 8. This application will be effective on **Wednesday, May 1, 2024**.

As the Authorized Representative, I, **Leslie Embry**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**

I, **Leslie Embry**, consent to sign for **The Blowout Co** who serves as the **Registered Agent** on behalf of this limited liability company company.