

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1385400.06
Michael G. Adams
Secretary of State
Received and Filed
8/8/2024 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

Minesoft LLC

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

Minesoft LLC

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

5. The date of organization is **9/1/2019** and the period of duration is **perpetual**.

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

212 W Park Ave Ste 303, Long Beach, NY 11561

7. The name of the initial registered agent is

Melissa Lewis

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

2009 Scott street, Covington, KY 41014

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

Registered Agent	Melissa Lewis	2009 Scott street, Covington, KY 41014
Authorized Rep	Melissa Lewis	2009 Scott street, Covington, KY 41014

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

10. This filing will be effective on **Thursday, August 8, 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:**
Melissa Lewis

I, **Melissa Lewis**, consent to sign for **Melissa Lewis** who serves
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as the Registered Agent on behalf of this entity
August 8, 2024.

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