

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 **profit corporation**.

2. The name of the entity is

FORCELEADER INC

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

4. The date of organization is **10/1/2024** and the period of duration is **perpetual**.

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

146 W Main St, Springfield, KY 40069

6. The name of the initial registered agent is

PATRICK ENEIX

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

146 W Main St, Springfield, KY 40069

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

Officer PATRICK ENEIX 146 W Main St, Springfield, KY 40069

8. This filing will be effective on **Tuesday, January 7, 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 **DIRECTOR OF OPERATIONS: PATRICK ENEIX**

I, **PATRICK ENEIX**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, January 7, 2025.