

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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1434800.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/4/2025 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

**ARETAS LLC**

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

4. The date of organization is **3/4/2025** and the period of duration is **perpetual**.

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

**294 squires cir, Lexington, KY 40515**

6. The name of the initial registered agent is

**Aretas LLC**

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

**294 Squires Cir, Lexington, KY 40515**

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

**Member** Jordan Paul Newsome 294 squires Cir, Lexington, KY 40515

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

9. This filing will be effective on **Tuesday, March 4, 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 **Member Manager:**  
**Jordan Newsome**

I, **Jordan Newsome**, consent to sign for **Aretas LLC** who serves as the Registered Agent on behalf of this entity on Tuesday, March 4, 2025.