

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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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  
**WTFL LLC**
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **2/9/2023** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**5321 1ST AVE S, ST PETERSBURG, FL 33707**
6. The street address of the entity's registered office in Kentucky is  
**212 N 2nd St STE 100, Richmond, KY 40475**  
and the name of the registered agent at that office is **Registered Agents Inc.**

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

<b>Member</b>	JAMES CONRAD	5321 1ST AVE SST PETERSBURG	FL	33707
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8. This entity is managed by **Managers**.
9. This application will be effective on **Tuesday, May 21, 2024**.

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

I, **DAVID ROBERTS**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this limited liability company company.