

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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 business entity is a **limited liability company**.
2. The name of the entity is: **MEDWYN ECLIPSE MAKINGS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **California**.
5. The date of organization is **8/17/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

6020 Ripple Creek Rd  
Cold Spring, KY 41076

**8. Required Representatives**

|                |                 |                                  |    |       |
|----------------|-----------------|----------------------------------|----|-------|
| <b>Manager</b> | Natania Hornsby | 6020 Ripple Creek Cold Spring Rd | KY | 41076 |
|----------------|-----------------|----------------------------------|----|-------|

**9. Registered Agent/Office**

InCorp Services, Inc.  
828 Lane Allen Road Ste 219  
Lexington, KY 40504

I, **Jennifer Anderson on Behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, August 29, 2023

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