

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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: **BLOSSOM RENTALS, LLC**
3. The state or country whose law the entity is organized is **New York**.
4. The date of organization is **6/2/2022** and the period of duration is **perpetual**.
5. This entity is managed by Managers

**6. Principal Office**

438 Main Street  
Suite 1000  
Buffalo, NY 14202

**7. Required Representatives**

<b>Manager</b>	Michael Appelton	438 Main Street	Buffalo	NY	14202
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**8. Registered Agent/Office**

Registered Agent Solutions, Inc.  
828 LANE ALLEN ROAD  
LEXINGTON, KY 40504

I, **Registered Agent Solutions, Inc.**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, November 13, 2023

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