Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
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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

Split Lip Holding Company llc

3. The name of the entity to be used in Kentucky is

Split Lip Holding Company LLC

4. The state or country under whose law the entity is organized is **Colorado**.

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

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

1235 S Clay St, Louisville, KY 40203

7. The name of the initial registered agent is

Split Lip

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

121 Main Street -, Louisville, KY 40202

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

Registered Agent	Split Lip	121 Main Street -, Louisville, KY 40202
Manager	Split Lip	1235 S Clay St, Louisville, KY 40203
Manager	Split Lip Holding Company	1235 S Clay St, Louisville, KY 40203
Authorized Rep	Jessica Richter	1235 S Clay St, Louisville, KY 40203

9. This entity is managed by **Managers**.

10. This application will be effective on **Wednesday, July 24, 2024**.

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 **Authorized Rep: Jessica Richter**

I, **Jessica L Richter**, consent to sign for **Sp**
the Registered Agent on behalf of this entity
24, 2024.