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**

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

#### BLACK FROG MANAGEMENT, LLC

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

#### BLACK FROG MANAGEMENT, LLC

- 4. The state or country under whose law the entity is organized is Wyoming.
- 5. The date of organization is 6/4/2018 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

#### 1718 Capitol Ave, Cheyenne, WY 82001

7. The name of the initial registered agent is

#### Northwest Registered Agent LLC

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

### 212 N. 2nd St. STE 100, Richmond, KY 40475

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

Manager	Jonathan Pickard	1718 Capitol Ave, Cheyenne, WY 82001	
Organizer	Jonathan Pickard	1718 Capitol Ave, Cheyenne, WY 82001	

- 9. This entity is managed by **Managers**.
- 10. This filing will be effective on Wednesday, November 13, 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 **Manager: Jonathan Pickard** 

l, **Northwest Registered Agent LLC**, consent to sign for Page 1 of 2 L902

1408803.06 Michael G. Adams

Secretary of State Received and Filed

Fee receipt: \$90

11/13/2024 12:00:00 AM

FBE

# **Northwest Registered Agent LLC** who se Agent on behalf of this entity on Wednesday.

1408803.06 Michael G. Adams Secretary of State Received and Filed 11/13/2024 12:00:00 AM Fee receipt: \$90

