

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1422003.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/15/2025 12:00:00 AM  
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

**S&A PROPERTY MANAGEMENT LLC**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **12/20/2024** and the period of duration is **perpetual**.

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

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

6. 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**

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

<b>Member</b>	Scott Gold	212 N. 2nd St. STE 100, Richmond, KY 40475
<b>Member</b>	Preston Gold	212 N. 2nd St. STE 100, Richmond, KY 40475
<b>Member</b>	Tristan Gold	212 N. 2nd St. STE 100, Richmond, KY 40475
<b>Member</b>	April Gold	212 N. 2nd St. STE 100, Richmond, KY 40475

8. This entity is managed by **Members**.

9. This filing will be effective on **Wednesday, January 15, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 Representative: Nat Smith**

I, **Taylor Newman**, consent to sign for **North**  
**Agent LLC** who serves as the Registered A  
entity on Wednesday, January 15, 2025.

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