

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: **MISADVENTURES**
3. The name of the entity to be used in Kentucky is (if applicable): **MISADVENTURES LLC**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **6/22/2010** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

113 7th lane
key largo, FL 33037

8. Registered Agent/Office

Registered Agents Inc
212 N 2nd Street, Suite #100
Richmond, KY 40475

I, **David Roberts, Asstnt Sec.**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, March 23, 2023

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