

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902
1419104.06
Michael G. Adams
Secretary of State
Received and Filed
1/3/2025 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

CL&D Graphics LLC

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

CL&D Graphics LLC

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

5. The date of organization is **12/27/1978** and the period of duration is **perpetual**.

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

50 E Rivercenter Blvd Ste 1800, Covington, KY 41011

7. The name of the initial registered agent is

David Schwier

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

50 E Rivercenter Blvd Ste 1800, Covington, KY 41011

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

Registered Agent	David Schwier	50 E Rivercenter Blvd Ste 1800, Covington, KY 41011
Authorized Rep	David Schwier	50 E Rivercenter Blvd Ste 1800, Covington, KY 41011
Manager	David Schwier	50 E Rivercenter Blvd Ste 1800, Covington, KY 41011

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

10. This filing will be effective on **Friday, January 3, 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 **David Schwier**

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I, **David Schwier**, consent to sign for **David Schwier** and serve as the Registered Agent on behalf of this entity on Friday, January 3, 2025.

