

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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P101

5/17/2023 12:58:26 PM  
Fee receipt: \$90.00

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 **profit corporation**.
2. The name of the entity is: **BESTI CO.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/19/2023** and the period of duration is **perpetual**.

**7. Principal Office**

131 Northwestern Pkwy  
Louisville, KY 40212

**8. Required Representatives**

<b>Officer</b>	Amanda Miah	131 Northwestern Pkwy	Louisville	KY	40212
<b>Officer</b>	James Payne	6631 HERITAGE HILLS DR	Crestwood	KY	40014

**9. Registered Agent/Office**

Amanda Miah  
131 Northwestern Pkwy  
Louisville, KY 40212

I, **Amanda Miah**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Wednesday, May 17, 2023

As the Authorized Representative, I, **Amanda Miah**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President & CEO**