

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1245906
Michael G. Adams
KY Secretary of State
Received and Filed

12/7/2022 3:01:27 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 **limited liability company**.
2. The name of the entity is: **FIVE K, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Massachusetts**.
5. The date of organization is **9/5/2012** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

53 Ayer Road
Littleton, MA 01460

8. Required Representatives

Manager	John F. Finn	53 Ayer Road	Littleton	MA	01460
----------------	--------------	--------------	-----------	----	-------

9. Registered Agent/Office

John F. Finn
1120 Industrial Boulevard
Louisville, KY 40219

I, **John F. Finn**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, December 7, 2022

As the Authorized Representative, I, **John F. Finn**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**