

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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: **IMPACT PHOTOGRAPHICS, INC.**
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 **Nevada**.
5. The date of organization is **11/14/2007** and the period of duration is **perpetual**.

**7. Principal Office**

4961 Windplay Dr  
El Dorado Hills, CA 95762

**8. Required Representatives**

<b>Officer</b>	Kevin Price	4961 Windplay Dr El Dorado Hills	CA	95762
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**9. Registered Agent/Office**

Northwest Registered Agent LLC  
212 N 2nd St., STE 100  
Richmond, KY 40475

I, **Kevin Price**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, June 8, 2023

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