

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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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: **BEE HIVE HOLDINGS, 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 **Florida**.
5. The date of organization is **6/13/2022** and the period of duration is **perpetual**.

**7. Principal Office**

13475 Atlantic Blvd, Unit 8, Suite M788  
Jacksonville, FL 32225

**8. Required Representatives**

<b>Director</b>	Daniel Thal	13475 Atlantic Blvd, Unit 8, Suite M788	Jacksonville	FL	32225
<b>Director</b>	Tom Corbett	13475 Atlantic Blvd, Unit 8, Suite M788	Jacksonville	FL	32225
<b>Officer</b>	Tom Corbett	13475 Atlantic Blvd, Unit 8, Suite M788	Jacksonville	FL	32225
<b>Officer</b>	Daniel Thal	13475 Atlantic Blvd, Unit 8, Suite M788	Jacksonville	FL	32225

**9. Registered Agent/Office**

C T Corporation System  
306 W. Main Street, Suite 512  
Frankfort, KY 40601

I, **Laura Broderick**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, June 15, 2023

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