

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

L902

1426408.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/31/2025 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

**J. BRYAN CONRAD, LLC**

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

**J.B. CONRAD, LLC**

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

5. The date of organization is **7/23/2018** and the period of duration is **perpetual**.

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

**948 Rockbridge Road, Lexington, KY 40515**

7. The name of the initial registered agent is

**Joseph Bryan Conrad**

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

**948 Rockbridge Road, Lexington, KY 40515**

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

<b>Manager</b>	Joseph Bryan Conrad	948 Rockbridge Road, Lexington, KY 40515
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<b>Organizer</b>	Joseph Bryan Conrad	948 Rockbridge Road, Lexington, KY 40515
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9. This entity is managed by **Managers**.

10. This filing will be effective on **Friday, January 31, 2025**.

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 **Manager: Joseph Bryan Conrad**

I, **Joseph Bryan Conrad**, consent to serve as the Registered  
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Agent on behalf of this entity on Friday, January 31, 2025

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