

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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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 **profit corporation**.

2. The name of the entity is

**IMIGHTBEASLEEP INC**

3. The state or country under whose law the entity is organized is **New York**.

4. The date of organization is **4/25/2022** and the period of duration is **perpetual**.

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

**325 Clinton Avenue Apt 12G, Brooklyn, NY 11205**

6. The name of the initial registered agent is

**Kasey Lane**

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

**12506 Saxony Park Circle, Unit 101 ATTN: Dead Man's Wire / IMIGHTBEASLEEP INC, Louisville, KY 40299**

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

**Director** Francisco Ortiz 325 Clinton Avenue, Brooklyn, NY 11205

8. This filing will be effective on **Friday, January 17, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 **President: Francisco Ortiz**

I, **Kasey Lane**, consent to serve as the Registered Agent on behalf of this entity on Friday, January 17, 2025.