

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 **limited liability company**.
2. The name of the entity is: **LEXINGTON BASEBALL, 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 **Delaware**.
5. The date of organization is **9/7/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

5016 Centennial Blvd., Suite 201  
Nashville, TN 37209

**8. Required Representatives**

<b>Manager</b>	Nathan Lyons	5016 Centennial Blvd., Suite 201	Nashville	TN	37209
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**9. Registered Agent/Office**

National Registered Agents, Inc.  
306 W. Main Street, Suite 512  
Frankfort, KY 40601

I, **Nicholas Bialota - Assistant Secretary**, consent to sign for **National Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, October 24, 2022

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