

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1420312.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/8/2025 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  
**CTNK, LLC**
3. The state or country under whose law the entity is organized is **Tennessee**.
4. The date of organization is **12/11/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**270 Tate Road, Bluff City, TN 37618**
6. The name of the initial registered agent is  
**CT Corporation System**  
and the street address of the entity's initial registered office in Kentucky is  
**306 West Main Street Suite 512, Frankfort, KY 40601**
7. The names and business addresses of the entity's representatives:

<b>Member</b>	Eugene M. Luttrell	1040 Tidewater Court, Kingsport, TN 37660
<b>Member</b>	David Luttrell	1040 Tidewater Court, Kingsport, TN 37660

8. This entity is managed by **Members**.
9. This filing will be effective on **Wednesday, January 8, 2025**.

This entity is **NOT** a retailer of authorized vapor products as defined by KRS 438.305(2).

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 **Controller: Melissa Van Huss**

I, **CT Corporation System**, consent to sign for **CT Corporation System** who serves as the Registered Agent on behalf of this

entity on Wednesday, January 8, 2025.

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