

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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Fee receipt: \$90.00

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: **MAL 3:10, 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 **Tennessee**.
5. The date of organization is **12/12/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

121 S Water Ave
Gallatin, Tn 37066

8. Required Representatives

Manager	Michell Abrams	121 S Water Ave	Gallatin	TN	37066
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9. Registered Agent/Office

Mal 3:10, LLC
112 Florence Ct.
Nicholsonville, KY 40356

I, **Mal 3:10, LLC**, consent to sign for **Mal 3:10, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, December 14, 2022

As the Authorized Representative, I, **R. Patrick Parker**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Organizer**