

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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: **SOLSIDAN MGMT, LLC**
3. The state or country whose law the entity is organized is **Georgia**.
4. The date of organization is **7/28/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

**6. Principal Office**

850 Mayfield Road Suite 303/Box 15  
Milton, GA 30009

**7. Required Representatives**

Member	Jacob Harcrow	850 Mayfield Road Milton Suite 303/Box 15	GA	30009
Member	Brandon May	850 Mayfield Road Milton Suite 303/Box 15	GA	30009

**8. Registered Agent/Office**

Universal Registered Agents, Inc.  
400 West Market Street, Suite 1800  
Louisville, KY 40202

I, **Isela Calderon**, consent to sign for **Universal Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, November 21, 2023

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