

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1381619.06
Michael G. Adams
Secretary of State
Received and Filed
7/25/2024 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

Innevape LLC

3. The name of the entity to be used in Kentucky is

Innevape LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **3/13/2013** and the period of duration is **perpetual**.

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

9718 Katy Dr # B2, Hudson, FL 34667

7. The name of the initial registered agent is

Incorp Services Inc

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

828 Lane Allen Rd Ste 219, Lexington, KY 40504

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

Registered Agent	Incorp Services Inc	828 Lane Allen Rd Ste 219, Lexington, KY 40504
Manager	Jeff D Connell	9718 Katy Dr Unit B2, Hudson, FL 34667
Authorized Rep	Christine Wilson	9718 Katy Dr # B2, Hudson, FL 34667

9. This entity is managed by **Managers**.

10. This application will be effective on **Thursday, July 25, 2024**.

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 **Authorized Rep:**
Christine Wilson

I, **Jeff D Connell**, consent to sign for **Incorp**
serves as the Registered Agent on behalf of
Thursday, July 25, 2024.

1381619.06**Michael G. Adams****Secretary of State**

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