

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1376720.06
Michael G. Adams
Secretary of State
Received and Filed
7/5/2024 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

MI K DESIGN llc

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

MI K DESIGN LLC

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

5. The date of organization is **2/5/2021** and the period of duration is **perpetual**.

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

3 ISLAND AVE APT 12L, MIAMI, FL 33139

7. The name of the initial registered agent is

Jacobo Rispa

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

312 S 4th St Ste 700, Louisville, KY 40202

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

Registered Agent	Jacobo Rispa	312 S 4th St Ste 700, Louisville, KY 40202
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Authorized Rep	KAROL I LOPEZ URIBE	3 Island Ave Apt 12l, Miami Beach, FL 33139
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9. This entity is managed by **Members**.

10. This application will be effective on **Friday, July 5, 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:**
KAROL I LOPEZ URIBE

I, **Jacobo Rispa**, consent to sign for **Jacobo Rispa** who serves as

the Registered Agent on behalf of this entity
2024.

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