

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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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: **EDGE EB GROWTH PARTNERS, 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 **Delaware**.
5. The date of organization is **11/18/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

7301 Fegenbush Ln, Ste 3010
Louisville, KY 40228

8. Required Representatives

Manager	CHARLES KIM	7301 Fegenbush Ln, Ste 3010	Louisville	KY	40228
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9. Registered Agent/Office

CT Corporation System
306 West Main Street, Suite 512
Frankfort, KY 40601

I, **Stephanie Hencz**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, December 5, 2022

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