# Commonwealth of Kentucky Michael G. Adams, Secretary of State

1383523.06 Michael G. Adams Secretary of State Received and Filed 8/1/2024 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** 

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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

### MARSHALL COLEMAN LLC.

- 3. The state or country under whose law the entity is organized is **Minnesota**.
- 4. The date of organization is 2/19/2020 and the period of duration is perpetual.
- 5. The mailing address of the entity's principal office is

# 515 Salem Drive Unit 1, OWENSBORO, KY 42303-3752

6. The name of the initial registered agent is

#### **Black Habeas Holdings LLC**

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

## 227 Saint Ann Street Suite 105, OWENSBORO, KY 42303-3752

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

Manager	Marshall D'armond Coleman	316 Hale Ave Apt 33A, OWENSBORO, KY 42301
Organizer	Marshall D'armond Coleman	316 Hale Ave Apt 33A, OWENSBORO, KY 42301

- 8. This entity is managed by **Managers**.
- 9. This filing will be effective on Thursday, August 1, 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 **Owner: Marshall Coleman** 

l, **Black Habeas Holdings LLC**, consent to sign for **Black Habeas Holdings LLC** who serves as the Registered Agent on

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behalf of this entity on Thursday, August 1, 2

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