

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

RCA

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: White Horse Vapor Stores LLC
3. The name of the entity to be used in Kentucky is (if applicable): White Horse Vapor Stores LLC
4. It is an entity organized and existing under the laws of the state of Rhode Island.
5. The date of organization is 4/1/2016 and the period of duration is perpetual

Principal Office

1483 Mineral Spring Ave.
North Providence, RI 02904

Registered Agent Name/Address

InCorp Services Inc.
828 Lane Allen Rd Ste 219
Lexington, KY 40504

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Dino Baccari on 1/5/2023
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. InCorp Services Inc. on 1/5/2023