

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Fee receipt: \$90.00

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: **FEET 1ST STORE LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **1/8/2024** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

2621 Woodcreek Way
Jeffersonville, IN 47130

7. Required Representatives

Member	Alexander Harbolt	2316 Champion Hill Place	Fisherville	KY	40023
Member	Christopher Cannon	2621 Woodcreek Way	Jeffersonville	IN	47130

8. Registered Agent/Office

Alexander Harbolt
2316 Champion Hill Place
Fisherville, KY 40023

I, **Alexander Harbolt**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, January 5, 2024

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