

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
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

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

SGK VENTURE HOLDINGS LLC

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **7/1/2022** and the period of duration is **perpetual**.

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

1037 E. Washington Street, Louisville, KY 40206

6. The name of the initial registered agent is

Monica R Wolf

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

1037 E Washington Street, Louisville, KY 40206

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

Member Monica R Wolf 1037 E Washington Street, Louisville, KY 40206

8. This entity is managed by **Members**.

9. This filing will be effective on **Monday, December 2, 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 **Manager: Monica R. Wolf**

I, **Monica R Wolf**, consent to serve as the Registered Agent on behalf of this entity on Monday, December 2, 2024.