

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1258326
Michael G. Adams
KY Secretary of State
Received and Filed

L902

2/6/2023 1:15:57 PM

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: **IMAGINE BRANDS, 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 **North Carolina**.
5. The date of organization is **1/13/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

P.O. Box 81
HARRISBURG, NC 28075

8. Required Representatives

Member	Adrian Beard	P.O. Box 81	HARRISBURG	NC	28075
Member	Jason Johnson	236 Sunnybrook Road	Raleigh	NC	27620

9. Registered Agent/Office

Imagine Brands, LLC
3087 Terminal Drive
Hebron, KY 41048

I, **Adrian Beard**, consent to sign for **Imagine Brands, LLC** who serves as the **Registered Agent** on behalf of this Entity.

on Monday, February 6, 2023

As the Authorized Representative, I, **Adrian Beard**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Managing Partner**