

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
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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: **PUTTHUTT NEWPORT, LLC**
3. The state or country whose law the entity is organized is **Idaho**.
4. The date of organization is **11/6/2023** and the period of duration is **perpetual**.
5. This entity is managed by Managers

6. Principal Office

24 S. Fort Thomas Ave. #75282
Fort Thomas, KY 41075-7512

7. Required Representatives

Manager	Michael Clark	2234 S. Fork Cir.	Sugar City	ID	83448
Manager	Moananui Haretuku	34 Glenway Ave.	Fort Thomas	KY	41075

8. Registered Agent/Office

Moananui Haretuku
34 Glenway Ave.
Fort Thomas, KY 41075

I, **Moananui Haretuku**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, December 6, 2023

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