# Commonwealth of Kentucky 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

#### **WORLD WIDE JAVA DISTRIBUTORS LLC**

- 3. The state or country under whose law the entity is organized is **Tennessee**.
- 4. The date of organization is **9/1/2024** and the period of duration is **perpetual**.
- 5. The mailing address of the entity's principal office is

# 4537 FT CAMPBELL BLVD, HOPKINSVILLE, KY 42240

6. The name of the initial registered agent is

## **DANNY FRANCES**

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

### 4537 FT CAMPBELL BLVD, HOPKINSVILLE, KY 42240

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

Member	DANNY FRANCES	4537 FT CAMPBELL BLVD, HOPKINSVILLE, KY 42240
Member	STEVEN D KELLEY	6136 CHICKERING COURT, NASHVILLE, TN 37215

- 8. This entity is managed by **Members**.
- 9. This filing will be effective on Thursday, March 20, 2025.

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 **MEMBER: DANNY FRANCES** 

I, **DANNY FRANCES**, consent to serve as the Registered Agent on behalf of this entity on Thursday, March 20, 2025.