# Commonwealth of Kentucky Michael G. Adams, Secretary of State

1378928.06 Michael G. Adams Secretary of State Received and Filed 7/15/2024 12:00:00 AM

L902

Fee receipt: \$90

Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Michael G. Adams

## **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

#### Macula LLC

3. The name of the entity to be used in Kentucky is

#### Macula LLC

- 4. The state or country under whose law the entity is organized is **New York**.
- 5. The date of organization is 11/23/2010 and the period of duration is 12/31/2024.
- 6. The mailing address of the entity's principal office is

### 68 Montague St Apt 6d, Brooklyn, NY 11201

7. The name of the initial registered agent is

#### **Ant Productions LLC**

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

#### 271 W Short St Ste 410, Lexington, KY 40507

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

| Registered Agent | Ant Productions LLC | 271 W Short St Ste 410, Lexington, KY 40507 |
|------------------|---------------------|---|
| Authorized Rep   | Ant Productions LLC | 271 W Short St Ste 410, Lexington, KY 40507 |
| Manager          | Shal Ngo            | 68 Montague St Apt 6d, Brooklyn, NY 11201   |

- 9. This entity is managed by **Managers**.
- 10. This application will be effective on Monday, July 15, 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 **Authorized Rep:** Shaum S Sengupta

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I, **Shaum S Sengupta**, consent to sign for **A** who serves as the Registered Agent on behamonday, July 15, 2024.

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