

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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: **HAIDI**
3. The name of the entity to be used in Kentucky is (if applicable): **HAIDI LLC**
4. The state or country whose law the entity is organized is **Montana**.
5. The date of organization is **11/8/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

880 Corporate Drive, Suite 202
Lexington, KY 40503

8. Required Representatives

Member	Timothy Duerler	Po Box 1576	Whitefish	MT	59937
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9. Registered Agent/Office

Keith Duerler
880 Corporate Drive, Suite 202
Lexington, KY 40503

I, **Keith Duerler**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, January 2, 2024

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