

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1443329.06
Michael G. Adams
Secretary of State
Received and Filed
4/1/2025 12:00:00 AM
Fee receipt: \$90

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

Legacy Financial, LLC

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

ASCEND FINANCIAL LLC

4. The state or country under whose law the entity is organized is **Wyoming**.

5. The date of organization is **3/19/2025** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

30 N Gould St Ste N, Sheridan, WY 82801

7. The name of the initial registered agent is

Northwest Registered Agent LLC

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

212 N. 2nd St. STE 100, Richmond, KY 40475

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

Member Margaret Hinton 1136 Four Wynds Trail, Lexington, KY 40515

9. This entity is managed by **Members**.

10. This filing will be effective on **Tuesday, April 1, 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 **Authorized Signer:**
Nat Smith

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the Registered Agent on behalf of this

entity on Tuesday, April 1, 2025.

L902

1443329.06

Michael G. Adams

Secretary of State

Received and Filed

4/1/2025 12:00:00 AM

Fee receipt: \$90

