

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1389733.06
Michael G. Adams
Secretary of State
Received and Filed
8/23/2024 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

CLOVER LEAF ROAD LLC

3. The state or country under whose law the entity is organized is **Nevada**.

4. The date of organization is **8/23/2024** and the period of duration is **perpetual**.

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

321 W Winnie Ln # 104, Carson City, NV 89703

6. The name of the initial registered agent is

Registered Agents, Inc.

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

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

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

Manager	Thomas Anderson	11301 W Olympic Blvd STE 121 MB 620, Los Angeles, CA 90064
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Organizer	Thomas Anderson	11301 W Olympic Blvd STE 121 MB 620, Los Angeles, CA 90064
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Friday, August 23, 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 **Manager: Thomas Anderson**

I, **David Roberts**, consent to sign for **Registered Agents, Inc.** who serves as the Registered Agent on behalf of this entity on

Friday, August 23, 2024.

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