

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<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: **RIVERFRONT MANAGEMENT GROUP**
3. The name of the entity to be used in Kentucky is (if applicable): **RIVERFRONT MANAGEMENT GROUP LLC**
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **5/11/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

1512 Resource Dr Suite B
Burlington, KY 41005

8. Required Representatives

Member	Jacob Neumann	1512 Resource Drive suite B	Burlington	KY	41005
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9. Registered Agent/Office

Jacob Neumann
1512 Resource Dr suite B
Burlington, KY 41005

I, **Jacob Neumann**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, July 6, 2023

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