

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
Received and Filed  
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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  
**SLAXMI LLC**
3. The state or country under whose law the entity is organized is **North Carolina**.
4. The date of organization is **3/4/2025** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is

**17926 Cachet Isle Dr, Tampa, FL 33647**

6. The name of the initial registered agent is

**Registered Agent Solutions Inc**

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

**828 Lane Allen Road Suite 219, Lexington, KY 40504**

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

<b>Member</b>	Anupam Gupta	17926 Cachet Isle Dri, Tampa, FL 33647
<b>Member</b>	Pratik Dalal	4704 Albany Park Dr, New Albany, OH 43054

8. This entity is managed by **Members**.
9. This filing will be effective on **Tuesday, March 4, 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 **Member: Anupam Gupta**

I, **Registered Agent Solutions Inc**, consent to sign for **Registered Agent Solutions Inc** who serves as the Registered Agent on behalf of this entity on Tuesday, March 4, 2025.