

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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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 **professional limited liability limited company**.

2. The name of the entity is

**Silent Spirits Group LLC**

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

**Silent Spirits LLC**

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

5. The date of organization is **2/9/2023** and the period of duration is **perpetual**.

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

**306 W Main St Ste 512, Frankfort, KY 40601**

7. The street address of the entity's registered office in Kentucky is

**306 W Main St Ste 512, Frankfort, KY 40601**

and the name of the registered agent at that office is **C T Corporation**.

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

<b>Registered Agent</b>	C T Corporation	306 W Main St Ste 512	Frankfort	KY	40601
<b>Authorized Rep</b>	Paul D Vineis	4333 N Bell Ave	Chicago	IL	60618

9. This entity is limited partnership that elects to be a limited liability limited partnership.

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

11. This application will be effective on **Monday, April 15, 2024**.

As the Authorized Representative, I, **Paul D Vineis**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Susan Johnson**, consent to sign for **C T Corporation** who serves as the **Registered Agent** on behalf of this Entity.