

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

2. The name of the entity is

Flawless Creations and Amusements LLC

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

Flawless Creations and Amusements LLC

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

5. The date of organization is **5/28/2021** and the period of duration is **perpetual**.

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

1300 Korb Manor Dr, Evansville, IN 47725

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

271 W Short St Ste 240, Lexington, KY 40507

and the name of the registered agent at that office is **Republic Registered Agent LLC**.

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

Registered Agent	Republic Registered Agent LLC	271 W Short St Ste 240	Lexington	KY	40507
Authorized Rep	Jeremy Smith	1300 Korb Manor Dr	Evansville	IN	47725

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

10. This application will be effective on **Thursday, May 9, 2024**.

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

I, **Jeremy Smith**, consent to sign for **Republic Registered Agent LLC** who serves as the **Registered Agent** on behalf of this limited liability company company.