

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **FFP PROJECT 92, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **1/7/2011** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

c/o Rye Development, LLC
100 S. Olive Avenue
West Palm Beach, FL 33401

8. Required Representatives

| | | | | | |
|---------|-------------------|------------------|-----------------|----|-------|
| Manager | FFP New Hydro LLC | 100 S. Olive Ave | West Palm Beach | FL | 33401 |
|---------|-------------------|------------------|-----------------|----|-------|

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Corporation Service Company**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, June 27, 2023

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