

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: **GLOVER ENTERPRISES, 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 **Wyoming**.
5. The date of organization is **3/22/2022** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

PO BOX 2869  
Jackson, WY 83001

**8. Required Representatives**

Member	Bryan Glover	9834 Cropper Rd	Pleasureville	ky	40057
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**9. Registered Agent/Office**

Bryan Glover  
9834 Cropper Rd  
Pleasureville Rd, KY 40057

I, **Bryan Glover**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Monday, August 21, 2023

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