

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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 business entity is a **limited liability company**.
2. The name of the entity is: **NVE EXPERIENCE AGENCY, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **11/14/2022** and the period of duration is **perpetual**.
5. This entity is managed by Managers

**6. Principal Office**

912 N La Cienega Blvd., Second Floor  
Los Angeles, CA 90069

**7. Required Representatives**

<b>Manager</b>	Brett Hyman	8605 Santa Monica Blvd., PMB 62998	West Hollywood	CA	90069
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**8. Registered Agent/Office**

eResidentAgent, Inc.  
306 West Main Street, Suite 512  
Frankfort, KY 40601

I, **Erika Easter**, consent to sign for **eResidentAgent, Inc.** who serves as the **Registered Agent** on behalf of this Entity.

on Friday, December 29, 2023

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