

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
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 entity is a **profit corporation**.

2. The name of the entity is

AAPKI VENTURES NY INC

3. The state or country under whose law the entity is organized is **Montana**.

4. The date of organization is **8/29/2024** and the period of duration is **perpetual**.

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

11802 Brinley Avenue Suite 202, Louisville, KY 40243

6. The name of the initial registered agent is

John Flynn

and the street address of the entity's initial registered office in Kentucky is

11802 Brinley Avenue Suite 202, Louisville, KY 4-243

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

Officer	John Flynn	11802 Brinley Avenue, Suite 202, Louisville, KY 40243
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8. This filing will be effective on **Monday, December 30, 2024**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Chief Executive Officer: John Flynn**

I, **John Flynn**, consent to serve as the Registered Agent on behalf of this entity on Monday, December 30, 2024.