

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

3/31/2023 2:28:35 PM

Fee receipt: \$90.00

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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<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 **profit corporation**.
2. The name of the entity is: **B H KEYZAR INC.**
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 **New York**.
5. The date of organization is **10/7/2021** and the period of duration is **perpetual**.

7. Principal Office

580 Fifth Ave.
Suite 1706
New York, NY 10036

8. Required Representatives

Director	Menachem Ashkenazi	580 Fifth Ave., Suite 1706	New York	NY	10036
Secretary	Menachem Ashkenazi	580 Fifth Ave., Suite 1706	New York	NY	10036
Officer	Menachem Ashkenazi	580 Fifth Ave., Suite 1706	New York	NY	10036

9. Registered Agent/Office

Business Filings Incorporated
306 W. Main St., Ste 512
Frankfort, KY 40601

I, **Chris Das**, consent to sign for **Business Filings Incorporated** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, March 31, 2023

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