

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1376842.06
Michael G. Adams
Secretary of State
Received and Filed
7/7/2024 12:00:00 AM
Fee receipt: \$90

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 **limited liability company**.

2. The name of the entity is

Benevolent Golf LLC

3. The name of the entity to be used in Kentucky is

Benevolent Golf LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **5/20/2024** and the period of duration is **perpetual**.

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

4931 Bonita Bay Blvd Unit 501, Bonita Springs, FL 34134

7. The name of the initial registered agent is

Kathryn Stinson

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

324 Links Dr, Simpsonville, KY 40067

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

Registered Agent	Kathryn Stinson	324 Links Dr, Simpsonville, KY 40067
Authorized Rep	Kathryn Stinson	324 Links Dr, Simpsonville, KY 40067

9. This entity is managed by **Members**.

10. This application will be effective on **Sunday, July 7, 2024**.

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 **Authorized Rep:**
Kathryn Stinson

I, **Kathryn Stinson**, consent to sign for **Kathryn Stinson** who
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serves as the Registered Agent on behalf of
July 7, 2024.

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