

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
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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
SOCKEYE BUSINESS SOLUTIONS, INC.
3. The state or country under whose law the entity is organized is **Alaska**.
4. The date of organization is **9/12/2007** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
1601 W Northern Lights Blvd # 91961, ANCHORAGE, AK 99517
6. The name of the initial registered agent is
Registered Agents Inc
and the street address of the entity's initial registered office in Kentucky is
212 N. 2nd Street, STE 100 Madison County, Richmond, KY 40475
7. The names and business addresses of the entity's representatives:

Director	Eric Ward	3140 Legacy Dr, Anchorage, AK 99516
Secretary	Sara Weber	1601 W Northern Lights Blvd # 91961, Anchorage, AK 99517
Officer	Nick Brorson	1601 W Northern Lights Blvd # 91961, Anchorage, AK 99517
8. This application will be effective on **Wednesday, June 19, 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 **Director: Eric Ward**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Wednesday, June 19, 2024.