

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1424543.06
Michael G. Adams
Secretary of State
Received and Filed
1/24/2025 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

Blue Stone 4 Pharmacy LLC

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

Blue Stone 4 Pharmacy LLC

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

5. The date of organization is **2/19/2024** and the period of duration is **perpetual**.

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

861 Sw 8th St # 101, Miami, FL 33130

7. 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 St Ste 100, Richmond, KY 40475

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

Registered Agent	Registered Agents Inc	212 N 2nd St Ste 100, Richmond, KY 40475
Authorized Rep	Rossana Vilar	861 Sw 8th St # 101, Miami, FL 33130

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

10. This filing will be effective on **Friday, January 24, 2025**.

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 **Authorized Rep:**
Rossana Vilar

I, **David Roberts**, consent to sign for **Regis**
who serves as the Registered Agent on behalf of
Friday, January 24, 2025.

1424543.06**Michael G. Adams****Secretary of State**

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