

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **FDAR LLC**
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 **Arkansas**.
5. The date of organization is **8/30/2021** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

1600 W. Pleasure Ave.
Searcy, AR 72143

8. Required Representatives

Manager	Patrick Connell	1600 W. Pleasure Searcy Ave.	AR	72143
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9. Registered Agent/Office

Northwest Registered Agent LLC
212 N. 2nd St.
Ste. 100
Richmond, KY 40475

I, **Patrick Connell**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, September 14, 2023

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