

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

1/26/2023 12:48:04 PM

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: **BLAKLADER LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Minnesota**.
5. The date of organization is **3/23/2006** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

6311 Porter Road Unit 1
Sarasota, FL 34240

8. Required Representatives

Manager	Marcus Carlberg	6311 Porter Rd Unit 1	Sarasota	FL	34240
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9. Registered Agent/Office

Chris Miller
2617 Titleist Rd
Louisville, KY 40242

I, **Chris Miller**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, January 26, 2023

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