

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1409746.06
Michael G. Adams
Secretary of State
Received and Filed
11/17/2024 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
PROUD LIFE WELLNESS LLC
3. The state or country under whose law the entity is organized is **Delaware**.
4. The date of organization is **6/13/2023** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
3046 BRECKENRIDGE LN STE 203, LOUISVILLE, KY 40220
6. The name of the initial registered agent is
APEX STRATEGIC CPAS, PLLC
and the street address of the entity's initial registered office in Kentucky is
3046 BRECKENRIDGE LN STE 203, LOUISVILLE, KY 40220
7. The names and business addresses of the entity's representatives:

Manager	ERIC RESKIN	3046 BRECKENRIDE LN STE 203, LOUISVILLE, KY 40220
Organizer	ERIC RESKIN	3046 BRECKENRIDE LN STE 203, LOUISVILLE, KY 40220
8. This entity is managed by **Managers**.
9. This filing will be effective on **Sunday, November 17, 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 **MANAGER: ERIC RESKIN**

I, **ERIC RESKIN**, consent to sign for **APEX STRATEGIC CPAS, PLLC** who serves as the Registered Agent on behalf of this entity

on Sunday, November 17, 2024.

L902

1409746.06

Michael G. Adams

Secretary of State

Received and Filed

11/17/2024 12:00:00 AM

Fee receipt: \$90

