

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1367048.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
5/23/2024 12:00:00 AM  
Fee receipt: \$90

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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<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

**TESTTEST BOLD LLC**

3. The state or country under whose law the entity is organized is **Arkansas**.

4. The date of organization is **5/8/2024** and the period of duration is **perpetual**.

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

**123 cap ave, frankfort, KY 40601**

6. The name of the initial registered agent is

**Jenae TestTest Christensen**

and the street address of the entity's initial registered office in Kentucky is

**123 cap ave, frankfort, KY 40601**

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

**Member** Jenae TestTest 123 cap ave, frankfort, KY 40601  
Christensen

8. This entity is managed by **Managers**.

9. This application will be effective on **Thursday, May 23, 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 **President: testtest no mo green back**

I, **Jenae TestTest Christensen**, consent to sign for **Jenae TestTest Christensen** who serves as the Registered Agent on behalf of this entity on Thursday, May 23, 2024.