

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 **profit corporation**.

2. The name of the entity is

WORKMAN RANCH, LLC

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

WORKMAN LIMITED

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

5. The date of organization is **1/23/2023** and the period of duration is **perpetual**.

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

44 GRANT 65, SHERIDAN, AR 72150

7. The name of the initial registered agent is

DAVID WORKMAN

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

1032 CLASSIC WAY, LOUISVILLE, KY 40245

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

Director DAVID WORKMAN 44 GRANT 65, SHERIDAN, AR 72150

9. This filing will be effective on **Thursday, April 17, 2025**.

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 **DIRECTOR: DAVID WORKMAN**

I, **DAVID WORKMAN**, consent to serve as the Registered Agent on behalf of this entity on Thursday, April 17, 2025.