

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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 business entity is a **profit corporation**.
2. The name of the entity is: **WCF PRODUCTIONS INC**
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 **New York**.
5. The date of organization is **1/7/2016** and the period of duration is **perpetual**.

7. Principal Office

PO BOX 778
NEW YORK, NY 10013

8. Registered Agent/Office

WILLA FITZGERALD
4500 ROBARDS LANE
LOUISVILLE, KY 40218

I, **WILLA FITZGERALD**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, January 18, 2023

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