

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 **profit corporation**.
2. The name of the entity is: **DEEPSHOT LABS, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **9/26/2023** and the period of duration is **perpetual**.

7. Principal Office

615 Monroe Street
Newport, KY 41071

8. Required Representatives

Officer	Joseph Oliver	615 Monroe Street Newport	KY	41071
Officer	Kyle Lepi	615 Monroe Street Newport	KY	41071
Secretary	Joseph Oliver	615 Monroe Street Newport	KY	41071
Officer	Zachary Kreutzjans	615 Monroe Street Newport	KY	41071
Director	Joseph Oliver	615 Monroe Street Newport	KY	41071
Director	Zachary Kreutzjans	615 Monroe Street Newport	KY	41071
Director	Kyle Lepi	615 Monroe Street Newport	KY	41071

9. Registered Agent/Office

FBT LLC
400 W. Market Street, 32nd Floor
Louisville, KY 40202

I, **Gwendolyn C. Sutton, Manager**, consent to sign for **FBT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, October 2, 2023

As the Authorized Representative, I, **Joseph Oliver**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO, President, Secretary and Treasurer**