

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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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

**REFORMATIONAL MARKETING LLC**

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

4. The date of organization is **10/13/2011** and the period of duration is **perpetual**.

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

**11610 Pleasant Ridge Rd Suite 103, #189, Little Rock, AR 72223**

6. The name of the initial registered agent is

**Michael W DeLon**

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

**421 Friendly Ave, Nicholasville, KY 40356**

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

<b>Manager</b>	Michael W DeLon	11610 Pleasant Ridge Rd, Suite 103, #189, Little Rock, AR 72223
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<b>Organizer</b>	Michael W DeLon	11610 Pleasant Ridge Rd, Suite 103, #189, Little Rock, AR 72223
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8. This entity is managed by **Managers**.

9. This application will be effective on **Friday, July 12, 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: Michael W DeLon**

I, **Michael W DeLon**, consent to serve as the Registered Agent on behalf of this entity on Friday, July 12, 2024.