

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
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 **limited liability company**.
2. The name of the entity is: **IBUYFLOWERS LLC**
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 **8/9/2016** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

228 E. 45th St. Ste. 9E
New York, NY 10017

8. Required Representatives

Manager	W.N. De Wit Holding B.V.	c/o 228 E. 45th St. Ste. 9E	New York	NY	10017
Manager	Kirke Marsh	228 E. 45th St. Ste. 9E	New York	NY	10017

9. Registered Agent/Office

Northwest Registered Agent LLC
212 N. 2nd St. Ste. 100
Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, July 12, 2023

As the Authorized Representative, I, **Kirke Marsh**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager / Asst. Secretary**