

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: **SILVER MANAGEMENT 2, 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 **Tennessee**.
5. The date of organization is **6/21/2022** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

235 Westgate Drive  
Union City, TN 38261

**8. Required Representatives**

Member	Alex Hopkins	235 Westgate Drive	Union City	TN	38261
Member	Ben Hopkins	235 Westgate Drive	Union City	TN	38261
Member	Benjamin Clark	235 Westgate Drive	Union City	TN	38261
Member	Matthew Sims	235 Westgate Drive	Union City	TN	38261

**9. Registered Agent/Office**

Registered Agents Inc  
212 N. 2nd Street, STE 100  
Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, August 30, 2023

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