

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1374053.06
Michael G. Adams
Secretary of State
Received and Filed
6/24/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.
2. The name of the entity is
Archania's Workshop Archania's Workshop, LLC
3. The name of the entity to be used in Kentucky is
Archania's Workshop, LLC
4. The state or country under whose law the entity is organized is **New York**.
5. The date of organization is **4/4/2014** and the period of duration is **perpetual**.
6. The mailing address of the entity's principal office is
5203 Planet Dr, Louisville, KY 40258
7. The name of the initial registered agent is
Scott Frega
and the street address of the entity's initial registered office in Kentucky is
5203 Planet Dr, Louisville, KY 40258

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

Registered Agent	Scott Frega	5203 Planet Dr, Louisville, KY 40258
Authorized Rep	Scott Frega	5203 Planet Dr, Louisville, KY 40258

9. This entity is managed by **Members**.
10. This application will be effective on **Monday, June 24, 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 **Authorized Rep: Scott Frega**

I, **Scott Frega**, consent to sign for **Scott Frega** who serves as the
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Registered Agent on behalf of this entity on N
2024.

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