

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
Received and Filed
3/7/2025 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
(502) 564-3490
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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

HOFF MANAGEMENT LLC

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

4. The date of organization is **1/8/2020** and the period of duration is **perpetual**.

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

7901 Hispanola Ave #707, North Bay Village, FL 33141

6. The name of the initial registered agent is

David Roberts

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

212 N 2nd St Ste 100, Richmond, KY 40475

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

Member	Gregory Hoffman	7901 Hispanola Ave #707, North Bay Village, FL 33141
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8. This entity is managed by **Members**.

9. This filing will be effective on **Friday, March 7, 2025**.

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 **Member: Gregory Hoffman**

I, **David Roberts**, consent to serve as the Registered Agent on behalf of this entity on Friday, March 7, 2025.