

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
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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 business entity is a **limited liability company**.
2. The name of the entity is: **SATYA WHOLESALE DISTRIBUTORS LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **3/4/2019** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

8100 READING RD
CINCINNATI, OH 45237

8. Required Representatives

Member	SRINIVAS BANDINANI	4354ASHFIELD PLACE	MASON	OH	45040
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9. Registered Agent/Office

SRINIVAS BANDINANI
1805 AIRPORT EXCHANGE BLVD
ERLANGER, KY 41018

I, **SRINIVAS BANDINANI**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 7, 2023

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