

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902  
1431055.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/19/2025 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

**Angies Pearls LLC**

3. The name of the entity to be used in Kentucky is

**Angies Pearls LLC**

4. The state or country under whose law the entity is organized is **New York**.

5. The date of organization is **2/22/2021** and the period of duration is **perpetual**.

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

**2465 Benson Creek Rd, Lawrenceburg, KY 40342**

7. The name of the initial registered agent is

**Angies Pearls LLC**

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

**2465 Benson Creek Rd, Lawrenceburg, KY 40342**

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

<b>Registered Agent</b>	Angies Pearls LLC	2465 Benson Creek Rd, Lawrenceburg, KY 40342
<b>Authorized Rep</b>	Angies Pearls LLC	2465 Benson Creek Rd, Lawrenceburg, KY 40342

9. This entity is managed by **Members**.

10. This filing will be effective on **Wednesday, February 19, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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:**  
**Nicholas Dessauer**

I, **Nicholas Dessauer**, consent to sign for **A**  
who serves as the Registered Agent on behalf of  
Wednesday, February 19, 2025.

**1431055.06****Michael G. Adams****Secretary of State**

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