

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<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  
**GRABBA-LEAF, LLC**
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **11/1/2006** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**2839 CENTER PORT CIR # 2841, Pompano Beach, FL 33064**
6. The street address of the entity's registered office in Kentucky is  
**828 Lane Allen Rd, Ste 219, Lexington, KY 40504**

and the name of the registered agent at that office is **InCorp Services, Inc..**

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

<b>Member</b>	Michael Robinson	2839-2841 Center Port Circle	Pompano Beach	FL	33064
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8. This entity is managed by **Members**.
9. This application will be effective on **Friday, May 17, 2024**.

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

I, **Courtney Wehrman on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this limited liability company company.