Commonwealth of Kentucky Michael G. Adams, Secretary of State

1425257.06 Michael G. Adams Secretary of State Received and Filed 1/28/2025 12:00:00 AM

Fee receipt: \$90

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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

Endelea Elevate LC

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

Endelea Elevate LC

- 4. The state or country under whose law the entity is organized is Texas.
- 5. The date of organization is 1/20/2025 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

1939 Goldsmith Ln Ste 214, Louisville, KY 40218

7. The name of the initial registered agent is

Colleen Young

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

1939 Goldsmith Ln Ste 214, Louisville, KY 40218

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

Registered Agent	Colleen Young	1939 Goldsmith Ln Ste 214, Louisville, KY 40218
Authorized Rep	Kamryn Akins	1939 Goldsmith Ln Ste 214, Louisville, KY 40218
Manager	Kamryn Akins	1939 Goldsmith Ln Ste 214, Louisville, KY 40218

- 9. This entity is managed by **Managers**.
- 10. This filing will be effective on Tuesday, January 28, 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**:

Kamryn Akins

I, **Colleen Young**, consent to sign for **Colle** as the Registered Agent on behalf of this ent January 28, 2025.

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