

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1430958.06
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

PORTHOS EQUINE LLC

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

PORTHOS EQUINE LLC

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

5. The date of organization is **4/28/2023** and the period of duration is **perpetual**.

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

5203 Bethel Rd, Lexington, KY 40511

7. The name of the initial registered agent is

Registered Agents Inc.

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

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

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

Registered Agent	Registered Agents Inc.	212 N 2nd St Ste 100, Richmond, KY 40475
Authorized Rep	TAMARIE ALLARD	48 Harbor Oaks Cir, Safety Harbor, FL 34695
Authorized Rep	Marie Salvato	5203 Bethel Rd, Lexington, KY 40511
Authorized Rep	Thomas Kuegler	5203 Bethel Rd, Lexington, KY 40511

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 **A**
TAMARIE ALLARD

I, **David Roberts**, consent to sign for **Regis**
who serves as the Registered Agent on beha
Wednesday, February 19, 2025.

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