

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 entity is a **profit corporation**.

2. The name of the entity is

Caribbean Creme Inc

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

Caribbean Creme Inc

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

5. The date of organization is **6/2/1992** and the period of duration is **perpetual**.

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

4241 Folsom Ave, Saint Louis, MO 63110

7. The street address of the entity's registered office in Kentucky is

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

and the name of the registered agent at that office is **Registered Agents Inc.**

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
CFO	Christine Marie Walters	2488 Oak Springs Ln	Saint Louis	MO	63131
Officer	Daniel Walters	2488 Oak Springs Ln	Saint Louis	MO	63131
Authorized Rep	Christine Marie Walters	2488 Oak Springs Ln	Saint Louis	MO	63131

9. This application will be effective on **Tuesday, April 16, 2024**.

As the Authorized Representative, I, **Christine Marie Walters**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.