

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1381960.06
Michael G. Adams
Secretary of State
Received and Filed
7/26/2024 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

L.E. Rose Management, LLC

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

L.E. Rose Management, LLC

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

5. The date of organization is **3/4/2024** and the period of duration is **perpetual**.

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

12407 Warner Dr, Goshen, KY 40026

7. The name of the initial registered agent is

Ramin Hamidi

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

12407 Warner Dr, Goshen, KY 40026

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

Registered Agent	Ramin Hamidi	12407 Warner Dr, Goshen, KY 40026
Authorized Rep	Ramin Hamidi	12407 Warner Dr, Goshen, KY 40026

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

10. This application will be effective on **Friday, July 26, 2024**.

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:**
Ramin Hamidi

I, **Ramin Hamidi**, consent to sign for **Ramin Hamidi** who serves
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as the Registered Agent on behalf of this entity
2024.

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