

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1418460.06
Michael G. Adams
Secretary of State
Received and Filed
1/1/2025 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
GG EQUINE LLC
 3. The name of the entity to be used in Kentucky is
GG EQUINE LLC
 4. The state or country under whose law the entity is organized is **North Carolina**.
 5. The date of organization is **3/23/2016** and the period of duration is **perpetual**.
 6. The mailing address of the entity's principal office is
509 Ottawa Ave, Durham, NC 27701
 7. The name of the initial registered agent is
Kara Robinson
and the street address of the entity's initial registered office in Kentucky is
249 Lincoln Ave, Lexington, KY 40502
 8. The names and business addresses of the entity's representatives:

Registered Agent	Kara Robinson	249 Lincoln Ave, Lexington, KY 40502
Authorized Rep	April Chester	509 Ottawa Ave, Durham, NC 27701
 9. This entity is managed by **Members**.
 10. This filing will be effective on **Wednesday, January 1, 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: April Chester**

I, **Kara Robinson**, consent to sign for **Kara**
as the Registered Agent on behalf of this ent
January 1, 2025.

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