

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
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 **limited liability company**.
2. The name of the entity is
VIVID VAPOR 3 0 LLC
3. The state or country under whose law the entity is organized is **Pennsylvania**.
4. The date of organization is **5/16/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
20 w college ave, Stanton, KY 40380
6. The street address of the entity's registered office in Kentucky is
20 W College Ave, Stanton, KY 40380
and the name of the registered agent at that office is **Erin Billings**.

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

Member	Erin Danielle Billings	20 W College	Stanton	KY	40380
		Ave			

8. This entity is managed by **Members**.
9. This application will be effective on **Monday, May 20, 2024**.

As the Authorized Representative, I, **Erin Billings**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**

I, **Erin Billings**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.