

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 business entity is a **limited liability company**.
2. The name of the entity is: **BLUEGRASS EXPERIENCE, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Alabama**.
5. The date of organization is **6/1/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

416 W. 6th Street
Covington, KY 41011

8. Registered Agent/Office

Chris Colson
300 West Vine St
Lexington, KY 40507

I, **Chris Colson**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Monday, June 5, 2023

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