

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1407562.06
Michael G. Adams
Secretary of State
Received and Filed
11/7/2024 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

Lunae LLC

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

Lunae LLC

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

5. The date of organization is **3/3/2023** and the period of duration is **perpetual**.

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

2413 Nashville Rd Ste 310, Bowling Green, KY 42101

7. The name of the initial registered agent is

Amanda Havard

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

2413 Nashville Rd Ste 310, Bowling Green, KY 42101

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

Registered Agent	Amanda Havard	2413 Nashville Rd Ste 310, Bowling Green, KY 42101
Authorized Rep	Sarah Coots	2413 Nashville Rd Ste 310, Bowling Green, KY 42101
Manager	Amanda Havard	2413 Nashville Rd Ste 310, Bowling Green, KY 42101

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

10. This filing will be effective on **Thursday, November 7, 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 **Amanda Havard**
Sarah Coots

I, **Amanda Havard**, consent to sign for **Amanda Havard**
serves as the Registered Agent on behalf of **Amanda Havard**
Thursday, November 7, 2024.

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