

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1421866.06
Michael G. Adams
Secretary of State
Received and Filed
1/15/2025 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

Amani Darling LLC

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

Amani Darling LLC

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

5. The date of organization is **12/22/2020** and the period of duration is **perpetual**.

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

12730 Townepark Way Ste 201, Louisville, KY 40243

7. The name of the initial registered agent is

Satia Hardy

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

12730 Townepark Way Ste 201, Louisville, KY 40243

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

Registered Agent	Satia Hardy	12730 Townepark Way Ste 201, Louisville, KY 40243
Authorized Rep	Satia Hardy	2515 Fordhaven Rd, Louisville, KY 40214
Authorized Rep	Satia Williams	2515 Fordhaven Rd, Louisville, KY 40214

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

10. This filing will be effective on **Wednesday, January 15, 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 **A**
Hardy

I, **Satia Hardy**, consent to sign for **Satia Hardy**
Registered Agent on behalf of this entity on **1/15/2025**
15, 2025.

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