

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1436066.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/7/2025 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

**SHEMONEH LLC**

3. The state or country under whose law the entity is organized is **Indiana**.

4. The date of organization is **2/1/2025** and the period of duration is **perpetual**.

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

**1017 3rd AVE SW, Carmel, IN 46032**

6. The name of the initial registered agent is

**Tom Brown**

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

**10821 Plantside Dr Suite 102, Louisville, KY 40299**

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

**Member** Tom Brown 1017 3rd AVE SW, Carmel, IN 46032

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

9. This filing will be effective on **Friday, March 7, 2025**.

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 **Member: Tom Brown**

I, **Tom Brown**, consent to serve as the Registered Agent on behalf of this entity on Friday, March 7, 2025.