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**

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 profit corporation.
- 2. The name of the entity is

## Lacrosse Unlimited Inc

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

## Lacrosse Unlimited Inc

- 4. The state or country under whose law the entity is organized is New York.
- 5. The date of organization is 8/3/1990 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

## 200 Heartland Blvd, Edgewood, NY 11717

7. The name of the initial registered agent is

## **Registered Agent Solutions, Inc.**

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

## 828 Lane Allen Rd Ste 219, Lexington, KY 40504

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

Registered Agent	Registered Agent Solutions, Inc.	828 Lane Allen Rd Ste 219, Lexington, KY 40504
President	JOSEPH DESIMONE	200 Heartland Blvd, Edgewood, NY 11717
Officer	Joseph Desimone	200 Heartland Blvd, Edgewood, NY 11717
Authorized Rep	Joseph Desimone	200 Heartland Blvd, Edgewood, NY 11717

9. This filing will be effective on Monday, December 23, 2024.

l 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 **Authorized Rep:** Joseph Desimone

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1417067.09 Michael G. Adams Secretary of State Received and Filed 12/23/2024 12:00:00 AM Fee receipt: \$90

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I, **Joseph Desimone**, consent to sign for **Re Solutions, Inc.** who serves as the Registere this entity on Monday, December 23, 2024.

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