

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Secretary of State
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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

ALH CAPITAL LLC

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

4. The date of organization is **6/23/2023** and the period of duration is **perpetual**.

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

316 Camp Branch Trl, Taylorsville, KY 40071

6. The street address of the entity's registered office in Kentucky is

316 Camp Branch Trl, Taylorsville, KY 40071

and the name of the registered agent at that office is **ALH CAPITAL LLC**.

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

Member	Abigail Hardin	316 Camp Branch Trl	Taylorsville	KY	40071
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8. This entity is managed by **Members**.

9. This application will be effective on **Friday, April 12, 2024**.

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

I, **Abigail Hardin**, consent to sign for **ALH CAPITAL LLC** who serves as the **Registered Agent** on behalf of this Entity.