

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
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 business entity is a **profit corporation**.
2. The name of the entity is: **SOFAB INKS INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **2/13/2024** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, March 20, 2024

5. Principal Office

9710 Meadow Vale Drive
Louisville, KY 40242

6. Required Representatives

Officer	Blake Martin	9710 Meadow Vale Drive	Louisville	KY	40242
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7. Registered Agent/Office

Blake Martin
9710 Meadow Vale Drive
Louisville, KY 40242

I, **Blake Martin**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, March 20, 2024

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