

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **DREAMSEATS, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **New York**.
5. The date of organization is **6/15/2005** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

150 Motor Parkway Suite 204
Hauppauge, NY 11788

8. Required Representatives

Member	Chandler Suprina	150 Motor Parkway Suite 204	Hauppauge	NY	11788
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9. Registered Agent/Office

Kentucky Registered Agent LLC
212 N 2nd Street STE100
Richmond, KY 40475

I, **Chandler Suprina**, consent to sign for **Kentucky Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, January 23, 2023

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