

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1378173.06
Michael G. Adams
Secretary of State
Received and Filed
7/11/2024 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

ANDERSON PRIME LLC

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

ANDERSON PRIME LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **4/17/2024** and the period of duration is **perpetual**.

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

1119 Donner Dr, Florence, KY 41042

7. The name of the initial registered agent is

KRISTINA ANDERSON

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

1119 Donner Dr, Florence, KY 41042

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

Registered Agent	KRISTINA C ANDERSON	1119 Donner Dr, Florence, KY 41042
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Manager	KRISTINA C ANDERSON	1119 Donner Dr, Florence, KY 41042
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Manager	KRISTINA C ANDERSON	1119 Donner Dr, Florence, KY 41042
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Authorized Rep	KRISTINA C ANDERSON	1119 Donner Dr, Florence, KY 41042
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9. This entity is managed by **Managers**.

10. This application will be effective on **Thursday, July 11, 2024**.

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 **Authorized Rep:**

KRISTINA C ANDERSON

I, **KRISTINA C ANDERSON**, consent to sign for **ANDERSON** who serves as the Registered Agent for the entity on Thursday, July 11, 2024.

1378173.06**Michael G. Adams****Secretary of State**

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