

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1279374
Michael G. Adams
KY Secretary of State
Received and Filed

L902

5/4/2023 11:03:26 AM

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: **GOODRICH ENTERPRISES LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/3/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

100 Connell Drive, Apt 202
Nicholasville, KY 40356

8. Required Representatives

Member	Bradley Goodrich	254 Chapman Rd, Newark Ste 208 #11589	DE	19702
Member	Trudi Goodrich	254 Chapman Rd, Newark Ste 208 #11589	DE	19702

9. Registered Agent/Office

Bradley Goodrich
100 Connell Drive Apt 202
Nicholasville, KY 40356

I, **Bradley Goodrich**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, May 4, 2023

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