

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1383774.09
Michael G. Adams
Secretary of State
Received and Filed
8/2/2024 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 **profit corporation**.

2. The name of the entity is

Merchadise INC

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

Merchadise Inc

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

5. The date of organization is **7/7/2020** and the period of duration is **perpetual**.

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

126 Medianoche St, Las Vegas, NV 89138

7. The name of the initial registered agent is

Ty Simpson

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

1680 Trace Dr, Florence, KY 41042

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

Registered Agent	Ty Simpson	1680 Trace Dr, Florence, KY 41042
Officer	Alex Alex Phelan Phelan	126 Medianoche St, Las Vegas, NV 89138
COO	Sharon Burt	1901 Wavecrest Ave, Mckinleyville, CA 95519
Authorized Rep	Sharon Burt	1901 Wavecrest Ave, Mckinleyville, CA 95519

9. This filing will be effective on **Friday, August 2, 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 Representative: Sharon Burt**

I, **Ty Simpson**, consent to sign for **Ty Simpson**
Registered Agent on behalf of this entity on F

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