

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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 entity is a **limited liability company**.
2. The name of the entity is
SHORT LANE FARM LLC
3. The state or country under whose law the entity is organized is **Michigan**.
4. The date of organization is **12/12/2023** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
579 Anderson Rd, Georgetown, KY 40324
6. The name of the initial registered agent is
Craig A Shook
and the street address of the entity's initial registered office in Kentucky is
579 Anderson RD, Georgetown, KY 40324
7. The names and business addresses of the entity's representatives:

Member	Craig A Shook	579 Anderson RD, Georgetown, KY 40324
Member	Amy Langer	20 Park Lane, Minneapolis, MN 55416

8. This entity is managed by **Members**.
9. This filing will be effective on **Monday, August 12, 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 **Manager: Craig A Shook**

I, **Craig A Shook**, consent to serve as the Registered Agent on behalf of this entity on Monday, August 12, 2024.