

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: **TESTTEST JENAE RUBY 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 **Maine**.
5. The date of organization is **6/21/2023** and the period of duration is **perpetual**.
This Filing is Effective on Saturday, July 1, 2023
6. This entity is managed by Members

7. Principal Office

123 cap ave
frankfort, KY 40601

8. Required Representatives

Member	Jenae TestTest Christensen	123 cap ave	frankfort	KY	40601
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9. Registered Agent/Office

jenae
123 cap ave
frankfort, KY 40601

I, **jc**, consent to sign for **jenae** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, June 29, 2023

As the Authorized Representative, I, **Jenae TestTest Christensen**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **tester**