

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
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 business entity is a **limited liability company**.
2. The name of the entity is: **TFCE, L.L.C.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **11/2/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

1239 Roycroft Avenue
Celebration, FL 34747

7. Required Representatives

Member	Katie M Loane	601 Sycamore Street Unit 6106	Celebration	FL	34747
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8. Registered Agent/Office

The Farm LLC
450 Waterworks Road
Danville, KY 40422

I, **Angela Martin**, consent to sign for **The Farm LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, November 14, 2023

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