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**

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: SLABE, LLC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Delaware.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

## **Principal Office**

7215 LOVELACEVILLE RD. PADUCAH, KY 42001

## **Registered Agent Name/Address**

KY SECRETARY OF STATE 306 West Main Street Suite 512 Frankfort, KY 40601

## Members/Managers

Member

SUSAN BREDNIAK

7215 Lovelaceville road Paducah Ky 42001

6. Susan Bredniak, Member, on 11/2/2023

7. I, KY SECRETARY OF STATE, consent to serve as the registered agent on behalf of the this entity on 11/2/2023

0859376 0859376 Michael G. A...... KY Secretary of State Received and Filed 11/2/2023 12:00:00 AM Fee receipt: \$148.00

RCA