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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/30/2020 6:43 AM Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authorit (Foreign Business Entity)	y		FBE							
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,			eby applies for authority	to transact business in Kentucky							
 The entity is a : profit corporation business trustown in the entity is an ent	ice corporation (KRS 274) ed liability company (KRS 275) ssociation										
(The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable):											
4. The state or country under whose law		de if "real name" is unava	illable for use; otherwise, I	eave blank.)							
	5. The date of organization is <u>May 15, 2018</u> and the period of duration is (If left blank, duration is considered perpetual.)										
6. The mailing address of the entity's pr	incipal office is	Las Vegas	NV	89148							
9205 W Russell Road Suite 240 Street Address		City	State	Zip Code							
 The street address of the entity's regi 400 West Market Street, 32nd I 		Louisville	KY	40202							
Street Address (No P.O. Box Numbers)		City	State	Zip Code							
and the name of the registered agent at	that office isFBT LLC										
8. The names and business addresses	of the entity's representatives (secretary	y, officers and directors,	managers, trustees or ge	eneral partners):							
Thomas Toomey	9205 W Russell Road Suite 240	Las Vegas	Nevada	89148							
Name Brandon Thomas	Street or P.O. Box 9205 W Russell Road Suite 240	City Las Vegas	State Nevada	Zip Code 89148							
Name	Street or P.O. Box	City	State	Zip Code							
Name	Street or P.O. Box	City	State	Zip Code							
 If a professional service corporation, all the ind more states or territories of the United States or E I certify that, as of the date of filing the 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upon The effective date or the delayed effective 	istrict of Columbia to render a professional servi nis application, the above-named entity a limited liability limited partnership. (box if manager-managed: n filing, unless a delayed effective date ve date cannot be prior to the date the a	ce described in the statement validly exists under the f Check the box if applicat and/or time is provided.	of purposes of the corporation aws of the jurisdiction of ole:	1.							
Please indicate the Kentucky county in w County: NeISON	hich your business operates:										
	To complete the following, pl										
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)			more than fifty percent (5 ority Owned	0%) of γour business ownership:							
Please indicate which of the following be	st describes your business:										
	g Services Trade Manufacturing portation, Communications, Electric, Gas, S	Construction Finance, Insurance anitary Services	ce, Real Estate								
Tom In	T-	The There	- member	- 1-29-20							
Signature of Authorized Representative	cons	Printed Name & Title	stered agent on behalf of	Date the business entity.							
Type/Print Name of Registered Agent	FBT LLC By: .		Manager	1/29/2020							
Signature of Registered Agent	Printed Name		ïtle .	Date							
(1/20)											