

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1369081.06
Michael G. Adams
Secretary of State
Received and Filed
6/14/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.
2. The name of the entity is
HALF-MOON OUTFITTERS LLC
3. The name of the entity to be used in Kentucky is
HALF-MOON OUTFITTERS LLC
4. The state or country under whose law the entity is organized is **South Carolina**.
5. The date of organization is **11/21/2022** and the period of duration is **perpetual**.
6. The mailing address of the entity's principal office is
1084 E Montague Ave, North Charleston, SC 29405
7. The name of the initial registered agent is
CT CORP
and the street address of the entity's initial registered office in Kentucky is
306 W MAIN ST, Frankfort, KY 40601
8. The names and business addresses of the entity's representatives:

Registered Agent	CT CORP	306 W MAIN ST, Frankfort, KY 40601
Authorized Rep	Sarah Smith	2201 Trinity Church Rd, Concord, NC 28027
Manager	LISA TUCKER	2201 Trinity Church Rd, Concord, NC 28027
9. This entity is managed by **Managers**.
10. This application will be effective on **Friday, June 14, 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 **Authorized Rep:**
Sarah Smith

I, **DAWN BLACK**, consent to sign for **CT CC**
the Registered Agent on behalf of this entity
2024.

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