

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

L902

1376383.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
7/3/2024 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

**E3=FX NOLA LLC**

3. The name of the entity to be used in Kentucky is

**E3=FX NOLA LLC**

4. The state or country under whose law the entity is organized is **Louisiana**.

5. The date of organization is **1/2/2017** and the period of duration is **12/31/2024**.

6. The mailing address of the entity's principal office is

**112 Bluefield Dr, Slidell, LA 70458**

7. The name of the initial registered agent is

**ANT Productions LLC**

and the street address of the entity's initial registered office in Kentucky is

**271 W Short St Ste 410, Lexington, KY 40507**

8. The names and business addresses of the entity's representatives:

<b>Registered Agent</b>	ANT Productions LLC	271 W Short St Ste 410, Lexington, KY 40507
<b>Authorized Rep</b>	ANT Productions LLC	271 W Short St Ste 410, Lexington, KY 40507
<b>Manager</b>	Chris Bailey	112 Bluefield Dr, Slidell, LA 70458

9. This entity is managed by **Managers**.

10. This application will be effective on **Wednesday, July 3, 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:**  
**Shaum S Sengupta**

I, **Shaum S Sengupta**, consent to sign for **A**  
who serves as the Registered Agent on behalf of  
Wednesday, July 3, 2024.

**1376383.06****Michael G. Adams****Secretary of State**

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