

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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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  
**VETERAN CONNECTIONS LLC**
3. The state or country under whose law the entity is organized is **Missouri**.
4. The date of organization is **4/4/2025** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**925 Gray Ave, Webster Groves, MO 63119**
6. The name of the initial registered agent is

**C T Corporation System**

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

**306 W. Main Street Suite 512, Frankfort, KY 40601**

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

<b>Manager</b>	Ann Rachelle Bauer	925 Gray Ave, Webster Groves, MO 63119
<b>Organizer</b>	Ann Rachelle Bauer	925 Gray Ave, Webster Groves, MO 63119

8. This entity is managed by **Managers**.
9. This filing will be effective on **Tuesday, April 8, 2025**.

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 **Managing Partner:**  
**Ann Rachelle Bauer**

I, **Christine Kelm, Assistant Secretary**, consent to sign for **C T Corporation System** who serves as the Registered Agent on behalf of this entity on Thursday, April 3, 2025.