

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY 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 business entity is a **limited liability company**.
2. The name of the entity is: **TOWNSHIP LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Rhode Island**.
5. The date of organization is **6/4/2014** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

PO BOX 484  
PROVIDENCE, RI 02901

**8. Required Representatives**

<b>Manager</b>	Caleb Oller	18 NATHANIEL RD	BARRINGTON	RI	02806
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**9. Registered Agent/Office**

Registered Agents Inc  
212 N. 2nd St., STE 100  
Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, April 3, 2023

As the Authorized Representative, I, **Caleb Oller**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**