



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/11/2025 12:52 PM
Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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: [ ] profit corporation [ ] nonprofit corporation [ ] professional limited liability company
[ ] business trust [x] limited liability company [ ] statutory trust
[ ] limited partnership [ ] ltd cooperative association [ ] other
[ ] non-profit llc [ ] professional service corporation

2. The name of the entity is R. L. CRAIG COMPANY, LLC
(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable): R. L. CRAIG COMPANY, LLC
(Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 3/10/2025 and the period of duration is
(if left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
11524 COMMONWEALTH DRIVE LOUISVILLE KY 40299
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
11524 COMMONWEALTH DRIVE LOUISVILLE KY 40299
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is E. MATTISON TRENTHAM

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Table with 5 columns: Name, Street or P.O. Box, City, State, Zip Code. Rows include D. L. TRENTHAM, E. MATTISON TRENTHAM, and DAVID S. LEAVELL.

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: [ ]

12. If a limited liability company, check the box if manager-managed: [ ]

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: [ ]

Signature of Authorized Representative: E. Mattison Trentham
Printed Name & Title: E. MATTISON TRENTHAM
Date: 3/11/2025

I, E. MATTISON TRENTHAM, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent: E. Mattison Trentham
Signature of Registered Agent: E. MATTISON TRENTHAM
Printed Name: E. MATTISON TRENTHAM
Title: PRESIDENT
Date: 3/11/2025