

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: **BOWMAN'S TRAVELLER, LLC**
3. The state or country whose law the entity is organized is **Florida**.
4. The date of organization is **8/1/2023** and the period of duration is **perpetual**.
This Filing is Effective on Friday, January 26, 2024
5. This entity is managed by Managers

6. Principal Office

6090 Westport Lane
Naples, FL 34116

7. Required Representatives

Manager	Timothy J. Rice	6090 Westport Lane	Naples	FL	34116
Manager	Margret J. Rice	6090 Westport Lane	Naples	FL	34116

8. Registered Agent/Office

Ellen C. Ray
326 S Broadway
Lexington, KY 40508

I, **Ellen C. Ray**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, January 26, 2024

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