

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

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1370288.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
6/7/2024 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

**INTEGRATED SORTATION LABS LLC**

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **6/6/2024** and the period of duration is **perpetual**.

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

**4528 Bishop Lane, Louisville, KY 40218**

6. The name of the initial registered agent is

**GSRA, LLC**

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

**9301 dayflower st, prospect, KY 40059**

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

**Member** Mike Merman 4528 Bishop Lane, LOUISVILLE, KY 40218

8. This entity is managed by **Members**.

9. This application will be effective on **Friday, June 7, 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 **Chief Financial Officer: Mike Merman**

I, **GSRA, LLC**, consent to sign for **GSRA, LLC** who serves as the Registered Agent on behalf of this entity on Friday, June 7, 2024.