

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1246689
Michael G. Adams
KY Secretary of State
Received and Filed

12/12/2022 12:14:04 PM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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: **TEAM HONEY BADGER, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Texas**.
5. The date of organization is **10/27/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

306 West Main Street, Suite 512
Frankfort, KY 40601

8. Required Representatives

Manager	Susan L. Graves	3905 High Trail Court	Flower Mound	TX	75022
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9. Registered Agent/Office

C T Corporation System
306 West Main Street, Suite 512
Frankfort, KY 40601

I, **Kevin Wartner, Assistant Secretary of C T Corporation System**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, December 12, 2022

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