

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: **GENIUS VENTURES HOLDINGS LLC**
3. The state or country whose law the entity is organized is **Florida**.
4. The date of organization is **12/28/2023** and the period of duration is **perpetual**.
This Filing is Effective on Monday, April 8, 2024
5. This entity is managed by Managers

6. Principal Office

7501 S ARAGON BLVD, UNIT 5
Sunrise, FL 33313

7. Required Representatives

Manager	YOSLEYS ARIEL	3378 W 80 ST	Hialeah	FL	33018
	BOFFILL CAMACHO	#103			
Manager	MANUEL RAFAEL	3582 SILVER	Boynton Beach	FL	33436
	NEGRON MATOS	LACE LN #35			
Manager	CHRISTINA CHONG	7501 S ARAGON BLVD, UNIT 5	Sunrise	FL	33313

8. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Rd, Ste 219
Lexington, KY 40504-3659

I, **Marlene Calderon on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, April 8, 2024

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