

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<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

**Ryan Conover Unlimited**

3. The name of the entity to be used in Kentucky is

**RYAN CONOVER UNLIMITED LLC**

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

5. The date of organization is **12/2/2024** and the period of duration is **perpetual**.

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

**12 Lucerne, Ft Mitchell, KY 41017**

7. The name of the initial registered agent is

**Ryan Conover**

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

**12 Lucerne, Ft Mitchell, KY 41017**

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

<b>Manager</b>	Ryan Conover	12 Lucerne, Ft Mitchell, KY 41017
<b>Organizer</b>	Ryan Conover	12 Lucerne, Ft Mitchell, KY 41017

9. This entity is managed by **Managers**.

10. This filing will be effective on **Monday, December 2, 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 **Owner: ryan conover**

I, **Ryan Conover**, consent to serve as the Registered Agent on behalf of this entity on Monday, December 2, 2024.