

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Fee receipt: \$90.00

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: **SRM FAMILY HOLDINGS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Wyoming**.
5. The date of organization is **5/12/2022** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

281 Good Neighbor Road
Loyall, KY 40854

8. Required Representatives

Member	Steven Magnani	P.O. Box 879	Harlan	KY	40831
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9. Registered Agent/Office

Steven Magnani
281 Good Neighbor Road
Loyall, KY 40854

I, **Steven Magnani**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Monday, June 12, 2023

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