

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
5/9/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
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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 entity is a **limited liability company**.
2. The name of the entity is
CHAVES BROTHERS MANAGEMENT, LLC
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **4/10/2020** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
300 Southwest 8th Street 17, Boca Raton, FL 33432
6. The street address of the entity's registered office in Kentucky is
212 N 2nd St ste 100, Richmond, KY 40475
and the name of the registered agent at that office is **Registered Agents Inc.**

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

Member	Tyler A Chaves	300 SW 8th St. Boca Raton #17	FL	33432
Member	Zachery Chaves	300 SW 8th St Boca Raton #17	FL	33432

8. This entity is managed by **Members**.
9. This application will be effective on **Thursday, May 9, 2024**.

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

I, **Tyler Chaves**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this limited liability company company.