

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: **ARDYCE 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 **Indiana**.
5. The date of organization is **12/2/2016** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

3002 Old Tay Bridge  
Jeffersonville, IN 47130

**8. Required Representatives**

|                |              |                     |                |    |       |
|----------------|--------------|---------------------|----------------|----|-------|
| <b>Manager</b> | David Powell | 3002 Old Tay Bridge | Jeffersonville | IN | 47130 |
|----------------|--------------|---------------------|----------------|----|-------|

**9. Registered Agent/Office**

David Powell  
9462 Brownsboro Rd  
Unit 111  
Louisville, KY 40241

I, **David Powell**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Monday, January 23, 2023

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