

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

7/14/2023 3:02:40 PM

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: **AYLA DIAPER BAG 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 **Utah**.
5. The date of organization is **1/28/2020** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

13002 S Mesa Verde Ct  
Riverton, UT 84065

**8. Required Representatives**

Member	Nicole Day	13002 S Mesa Verde Ct	Riverton	UT	84065
Member	Brody Day	13002 S Mesa Verde Ct	Riverton	UT	84065

**9. Registered Agent/Office**

Northwest Registered Agent LLC  
212 N. 2nd Street, STE 100  
Richmond, KY 40475

I, **Northwest Registered Agent LLC**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, July 14, 2023

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