

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
(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 entity is a **limited liability company**.

2. The name of the entity is

FLOWER 1, LLC

3. The state or country under whose law the entity is organized is **Wyoming**.

4. The date of organization is **7/31/2024** and the period of duration is **perpetual**.

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

1309 Coffeen Avenue, Suite 1200, Sheridan, WY 82801

6. The name of the initial registered agent is

Max McDade

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

8635 State Route 166, Fulton, KY 42041

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

Member Max McDade 8635 State Route 166, Fulton, KY 42041

8. This entity is managed by **Members**.

9. This filing will be effective on **Thursday, August 29, 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 **Member: Max McDade**

I, **Max McDade**, consent to serve as the Registered Agent on behalf of this entity on Thursday, August 29, 2024.