Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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Michael G. /.......
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: LEGACY OPERATIONS 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 6/19/2023 and the period of duration is perpetual.
- 6. This entity is managed by Members

7. Principal Office

212 N. 2nd St. STE 100 Richmond, KY 40475

8. Registered Agent/Office

Registered Agents Inc 212 N. 2nd St. STE 100 Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, July 6, 2023

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