

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: **JUN AMERICA 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 **Georgia**.
5. The date of organization is **3/11/2020** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

828 LANE ALLEN ROAD STE 219
LEXINGTON, KY 40504-3659

8. Required Representatives

Manager	MINKYUNG BAIK	2444 DULUTH HWY 120 STE 103	DULUTH	GA	30097
Manager	MYUNGHEE SHIN	2444 DULUTH HWY 120 STE 103	DULUTH	GA	30097

9. Registered Agent/Office

INCORP SERVICES INC
828 LANE ALLEN ROAD STE 219
LEXINGTON, KY 40504-3659

I, **MINKYUNG BAIK**, consent to sign for **INCORP SERVICES INC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, September 21, 2023

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