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

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Michael G. /.......
KY Secretary of State
Received and Filed

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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

RCA

Pursuant to the provisions of KRS 14A9 - 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: Empower Fitness LLC
- 3. The name of the entity to be used in Kentucky is (if applicable): Empower Fitness LLC
- 4. It is an entity organized and existing under the laws of the state of Indiana.
- 5. The date of organization is 8/12/2022 and the period of duration is perpetual

Principal Office

1011 Swan Street Louisville, KY 40204

Registered Agent Name/Address

Alexandra Lowery 1011 Swan Street LOUISVILLE, KY 40204

- 6. ALEXANDRA LOWERY, OWNER, on 11/27/2023
- 7. I, Alexandra Lowery, consent to serve as the registered agent on behalf of the this entity on 11/27/2023