

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
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
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<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: TESTTEST LIME COCONUT LLC
3. The name of the entity to be used in Kentucky is (if applicable): TESTTEST LIME COCONUT LLC
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **7/19/2022** and the period of duration is **perpetual**.

6. Principal Office

123 Main Street
Frankfort, KY 40601

7. Registered Agent/Office

David L. Dukes
123 Main Street
Frankfort, KY 40601

8. Members/Managers

Representative	David Dukes	123 Main Street
	Delaware City	
	DE	
	19706	

9. This entity is limited partnership that elects to be a limited liability limited partnership.
10. This entity is a limited liability company, that is managed by a manager.
11. This application will be effective upon filing.
12. As the Authorized Representative, I, **DL Dukes**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**

I, **David L. Dukes**, consent to serve as the Registered Agent on behalf of the limited liability company.
on Tuesday, July 19, 2022