

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Fee receipt: \$90.00

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: **AIRPARK DETENTION, 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 **Ohio**.
5. The date of organization is **8/18/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

755 Petersburg Rd
c/o BCA Hospitality, Inc.
Hebron, KY 41048

8. Required Representatives

Member	Subhas Patel	8825 Chapel Square Dr Ste A	Cincinnati	OH	45249
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9. Registered Agent/Office

SSP Statutory Services, LLC
7310 Turfway Rd Ste 550
Florence, KY 41042

I, **William J. Patterson, Esq.**, consent to sign for **SSP Statutory Services, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, August 23, 2023

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