

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1290606.06 tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/26/2023 3:25 PM Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
Limited Liability Company

KLC

| (502) 564-3490 www.sos.ky.gov | | | | |
|--|---|-----------------------------------|---|--|
| Pursuant to KRS 14A and KRS 275, the ur | ndersigned applies to qualify and for the | nat purpose submits the fo | ollowing statements: | |
| Article I: The name of the limited liability of QT's Properties, LLC | | | G | |
| Article II: The street address of the limited | liability company's initial registered of | fice in Kentucky is: | | |
| 9806 Valley Farms BLVD | Louisville | Kentucky | 40272 | |
| Street Address Only (No Post Office Box Numbers | • | State | Zip Code | |
| and the name of the initial registered agent | t at that office is Trung Lai | | 100000000000000000000000000000000000000 | |
| Article III: The mailing address of the limite | | | 40070 | |
| 9806 Valley Farms BLVD Street Address or Post Office Box Number | Louisville City | Kentucky State | 40272 Zip Code | |
| Article V: This application will be effective If checked, this business is veteran- nstructions). | upon filing. owned as defined by KRS 14A.2-070(| 45) for the purposes of 14 | 4A.2-165 (see filing | |
| I/We declare under penalty of perjury unde | r the laws of the state of Kentucky tha Hung Lai Printed Name & Title | | 6/23/2023 | |
| | | | | |
| Signature of Organizer | Printed Name & Title | | Date | |
| Hung Lai Print Name of Registered Agent | , consent to serve as the regist | ered agent on behalf of the limit | ed liability company. | |
| The Z | Hung Lai | 6/23/2023 | | |
| Signature of Registered Agent | Printed Name | | Date | |