

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

11/18/2022 1:15:23 PM

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: **KHALIL VENTURES SHELBYVILLE RD, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **10/24/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

2487 Aloma Ave  
Winter Park , FL 32792

**8. Required Representatives**

<b>Manager</b>	Mohamed Khalil	2487 Aloma Ave	Winter Park	FL	32792
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**9. Registered Agent/Office**

Khalil Ventures Management, LLC  
3816 Shelbyville Rd  
Louisville, KY 40207

I, **Mo Khalil** , consent to sign for **Khalil Ventures Management, LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, November 18, 2022

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