

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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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: **SOC HOPTOWN LLC**
3. The state or country whose law the entity is organized is **Georgia**.
4. The date of organization is **11/16/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

850 Mayfield Road Suite 303/Box 15
Milton, GA 30009

7. Required Representatives

| | | | | |
|---------------|---------------|--|----|-------|
| Member | Jacob Harcrow | 850 Mayfield Road Milton Suite 303/Box 15 | GA | 30009 |
| Member | Brandon May | 850 Mayfield Road Milton Suite 303/Box 15 | GA | 30009 |

8. Registered Agent/Office

Universal Registered Agents, Inc.
400 West Market Street, Suite 1800
Louisville, KY 40202

I, **Isela Calderon**, consent to sign for **Universal Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, November 20, 2023

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