

# **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/4/2024 1:08 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Authority siness Entity)	Fee Re	eceipt: \$90.00	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	<ul> <li>030 the undersigned hereby app ving statements:</li> </ul>	ilies for authority to transact but	siness in Kentucky on b	pehalf of the entity named below	
The entity is a: profit corporate business true limited partn non-profit lic.      The name of the entity is	st X limited li ership Itd coop	it corporation iability company erative association ional service corporation HOTH F&B, LLC	professional limite statutory trust public benefit corp other	ed liability company poration	
(The	name must be identical to the na	ime on record with the Secret	tary of State.)	•	
3. The name of the entity to be used in			,,		
4. The state or country under whose law the entity is organized is  5. The date of organization is		and the period of duration	de if "real name" is unavailable for use; otherwise, leave blank.)  IN  d the period of duration is Perpetual  (If left blank, duration is considered perpetual.)		
6. The mailing address of the entity's p		·		,	
2346 S Lynhursi Street Address	. Dr., Suite A201	Indianapolis City	IN State	46241 Zlp Code	
7. The street address of the entity's reg	ulstered office in Kentucky is n St., Suite 512	•		•	
Street Address (No P.O. Box Number		Frankfort City	KY State	40601 Zip Code	
•	•	Business Filing		Zip Code	
and the name of the registered agent at				······································	
8. The names and business addresses			nanagers, trustees or ge		
Chris Taylor	2346 S Lynhurst Ave, Ste A		IN	46241	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	re states or territories of the United	less than one half (1/2) of the c States or District of Columbia	directors, and all of the o	officers other than the secretary I service described in the	
10. I certify that, as of the date of filling t	his application, the above-named e	entity validly exists under the la	ws of the jurisdiction of	its formation.	
11. If a limited partnership, it elects to b	e a limited liability limited partnersh	nip. Check the box if applicable	e: 🔲		
12. If a limited liability company, chec	k box if manager-managed:				
13. This application will be effective upo	n filing.				
Yell let		Jeff Schraner, VP Acc	ounting	02/28/2024	
Signature of Authorized Representative		Printed Name & Title		Date	
I, Business Filings Type/Print Name of Registered Agent	Incorporated.	consent to serve as the registe	ered agent on behalf of	the business entity.	
Day & na Marsel	de Jessica	Marselloe A	ssistent Secretary	2/5/2024	
S.B. Marie of Integration Agent	rinted Name	111		Date (	

# FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

#### DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

#### CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mall or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filling for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### FILING FEE

The filling fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

### **MAILING ADDRESS**

Michael Adams
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

#### OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

## CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

# **FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.