



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

**1300221.09**mmore  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 8/10/2023 2:33 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A – 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:

- The entity is a: ☒ profit corporation      nonprofit corporation      professional limited liability company  
    business trust      limited liability company      statutory trust  
    limited partnership      ltd cooperative association      public benefit corporation  
    non-profit llc      professional service corporation      other
  - The name of the entity is Gracious Living Kentucky Inc.  
    (The name must be identical to the name on record with the Secretary of State.)
  - The name of the entity to be used in Kentucky is (if applicable): Gracious Living KY Inc.  
    (Only provide if "real name" is unavailable for use; otherwise, leave blank.)
  - The state or country under whose law the entity is organized is Delaware
  - The date of organization is 07/12/2023 and the period of duration is \_\_\_\_\_  
    (If left blank, duration is considered perpetual.)
  - The mailing address of the entity's principal office is  
760 Veterans Way      Morgantown      KY      42261  
**Street Address**      **City**      **State**      **Zip Code**
  - The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512      Frankfort      KY      40601  
**Street Address (No P.O. Box Numbers)**      **City**      **State**      **Zip Code**
- and the name of the registered agent at that office is C T Corporation System
- The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
- |              |                           |             |              |                 |
|--------------|---------------------------|-------------|--------------|-----------------|
| Enzo Macri   | 760 Veterans Way          | Morgantown  | KY           | 42261           |
| <b>Name</b>  | <b>Street or P.O. Box</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |
| Vito Galloro | 760 Veterans Way          | Morgantown  | KY           | 42261           |
| <b>Name</b>  | <b>Street or P.O. Box</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |
| <b>Name</b>  | <b>Street or P.O. Box</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

  
 Signature of Authorized Representative      Enzo Macri, President and Treasurer      08/04/2023  
    Printed Name & Title      Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
 Type/Print Name of Registered Agent

By: <u>Laura R. Broderick</u>	Laura R. Broderick	Assistant Secretary	08/08/2023
<b>Signature of Registered Agent</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>