

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Secretary of State
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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 entity is a **professional limited liability limited company**.

2. The name of the entity is

Clark Restaurant Service, LLC

3. The name of the entity to be used in Kentucky is

Clark Restaurant Service, LLC

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **4/23/2024** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

2803 Tamarack Rd, Owensboro, KY 42301

7. The street address of the entity's registered office in Kentucky is

2803 Tamarack Rd, Owensboro, KY 42301

and the name of the registered agent at that office is **D Clark**.

8. The names and business addresses of the entity's representatives:

Registered Agent	D Alan Clark	2803 Tamarack Owensboro Rd	KY	42301
Authorized Rep	D Alan Clark	2803 Tamarack Owensboro Rd	KY	42301

9. This entity is limited partnership that elects to be a limited liability limited partnership.

10. This entity is managed by **Members**.

11. This application will be effective on **Tuesday, May 7, 2024**.

As the Authorized Representative, I, **D Alan Clark**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **D Alan Clark**, consent to sign for **D Clark** who serves as the **Registered Agent** on behalf of this professional limited liability limited company company.