



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 <a href="http://www.sos.ky.gov">www.sos.ky.gov</a>	Certificate of Authority (Foreign Business Entity)	FBE
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Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the foreign entity named below and, for that purpose, submits the following statements:

1. The entity is a:

☐ profit corporation  
☐ business trust  
☐ limited partnership  
☐ non-profit llc

☐ nonprofit corporation  
☒ limited liability company  
☐ ltd cooperative association  
☐ professional service corporation

☐ professional limited liability company  
☐ statutory trust  
☐ other

2. The name of the foreign entity is HBF GREENVILLE LLC

(The name must be identical to the name on record in the state or country where the foreign entity was formed.)

3. The name of the foreign entity to be used in Kentucky is (if applicable):

(Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)

4. The state or country under whose law the foreign entity is organized is DELAWARE

5. The date of organization is 09/30/2024 and the period of duration is perpetual

(If left blank, duration is considered perpetual.)

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

555 West 57th Street, Suite 1103B

New YorkNY10019

Street AddressCityStateZip Code

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

306 W. Main Street, Suite 512

FrankfortKY40601

Street AddressCityStateZip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the foreign entity's representatives (e.g., secretary, officers and directors, managers, trustees, or general partners):

Jordan Czeizler	555 West 57th Street, Suite 1103B	New York	NY	10019
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, 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 foreign 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.

Jordan Czeizler

Signature of Authorized Representative

Jordan Czeizler, President

Printed Name & Title

December 16, 2024

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

Stefani Bergquist	Assistant Secretary	12/17/2024
Signature of Registered Agent	Printed Name	Title
		Date