

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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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 business entity is a **profit corporation**.
2. The name of the entity is: **EL NOPAL CINCINNATI INC**
3. The state or country whose law the entity is organized is **Ohio**.
4. The date of organization is **10/19/2023** and the period of duration is **perpetual**.

5. Principal Office

7600 Shepherdsville Rd
Louisville, KY 40219

6. Registered Agent/Office

ENRIQUE ROMAN
7600 Shepherdsville Rd
Louisville, KY 40219

I, **ENRIQUE ROMAN**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, November 2, 2023

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