



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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<div>Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov</div>	<div>Certificate of Authority (Foreign Business Entity)</div>	<div>FBE</div>
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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 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 entity is

4540 TAYLORSVILLE ROAD LLC

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

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

4540 TAYLORSVILLE ROAD LLC

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

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

Delaware

5. The date of organization is

2/28/2025

and the period of duration is

Perpetual

(If left blank, duration is considered perpetual.)

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

43 Luke Hill Road

Bethany

CT

06524

Street Address

City

State

Zip Code

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

137 Saint Matthews Avenue ,Suite 1

Louisville

KY

40207

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is

Francisco Alzuru

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

Catherine Delgado	43 Luke Hill Road	Bethany	CT	06524
Name	Street or P.O. Box	City	State	Zip Code
David Peters	43 Luke Hill Road	Bethany	CT	06524
Name	Street or P.O. Box	City	State	Zip Code
Melanie Jacob	43 Luke Hill Road	Bethany	CT	06524
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 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 the box if manager-managed:

☐

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable:

☐

Catherine Delgado

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Catherine Delgado, Member

3/21/2025

Signature of Authorized Representative

Printed Name & Title

Date

I, Francisco Alzuru

,

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Signed by:

Francisco Alzuru

Manager

3/21/2025

Signature of Registered Agent

Printed Name

Title

Date