

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1418730.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/2/2025 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

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 **limited liability company**.

2. The name of the entity is

**PALMETTO LOUISVILLE-TAYLORSVILLE ROAD, LLC**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **6/13/2024** and the period of duration is **perpetual**.

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

**632 E. Main Street Suite 301, Lakeland, FL 33801**

6. The name of the initial registered agent is

**Corporation Service Company**

and the street address of the entity's initial registered office in Kentucky is

**421 West Main Street, Frankford, KY 40601**

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

<b>Manager</b>	Palmetto Capital Group, LLC	632 E. Main Street, Suite 301, Lakeland, FL 33801
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<b>Organizer</b>	Palmetto Capital Group, LLC	632 E. Main Street, Suite 301, Lakeland, FL 33801
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Thursday, January 2, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Manager of Manager of Manager: Michael D. Houghton**

I, **Lindsey Eick**, consent to sign for **Corporation Service**

**Company** who serves as the Registered Agent  
entity on Thursday, January 2, 2025.

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