



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 3/31/2025 11:03 AM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

**FBE**

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 ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☐ limited liability company ☐ statutory trust  
☒ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation
2. The name of the entity is Madison 627, LP  
 (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): \_\_\_\_\_  
 (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 March 13, 2025 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2220 Grandview Drive, Suite 280 Fort Mitchell KY 41017

| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|
|----------------|------|-------|----------|

7. The street address of the entity's registered office in Kentucky is  
40 West Pike Street Covington KY 41011

| Street Address (No P.O. Box Numbers) | City | State | Zip Code |
|--------------------------------------|------|-------|----------|
|--------------------------------------|------|-------|----------|

and the name of the registered agent at that office is ASWD Service Company

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

|                  |                                  |               |    |       |
|------------------|----------------------------------|---------------|----|-------|
| Kurtis P. Keeney | 22220 Grandview Drive, Suite 280 | Fort Mitchell | KY | 41017 |
|------------------|----------------------------------|---------------|----|-------|

| 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 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: ☐

|  |                           |           |
|--|---------------------------|-----------|
| <u>Kurtis P. Keeney</u>                | Kurtis P. Keeney, Manager | 3/26/2025 |
| Signature of Authorized Representative | Printed Name & Title      | Date      |

I, ASWD Service Company, consent to serve as the registered agent on behalf of the business entity.  
 Type/Print Name of Registered Agent

|                                |                      |                                    |           |
|--------------------------------|----------------------|------------------------------------|-----------|
| <u>/s/ James G. Woltermann</u> | ASWD Service Company | James Woltermann, Authorized Agent | 3/26/2025 |
| Signature of Registered Agent  | Printed Name         | Title                              | Date      |