

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **limited liability company**.

2. The name of the entity is

QL GRAVES ROAD, LLC

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

4. The date of organization is **9/8/2023** and the period of duration is **perpetual**.

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

5944 Coral Ridge Drive, #312, Coral Springs, FL 33076

6. The name of the initial registered agent is

Timothy Lynch

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

250 Grandview Drive, Suite 500, Fort Mitchell, KY 41017

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

Manager	Richard Leonardi	5944 Coral Ridge Drive, #312, Coral Springs, FL 33076
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Organizer	Richard Leonardi	5944 Coral Ridge Drive, #312, Coral Springs, FL 33076
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8. This entity is managed by **Managers**.

9. This application will be effective on **Monday, July 1, 2024**.

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: Richard Leonardi**

I, **Timothy Lynch**, consent to serve as the Registered Agent on behalf of this entity on Monday, July 1, 2024.