

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1390033.06
Michael G. Adams
Secretary of State
Received and Filed
8/26/2024 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

ICONIC HOSPITALITY LLC

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

4. The date of organization is **7/15/2024** and the period of duration is **perpetual**.

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

50 RIVERCENTER BLVD SUITE 50, COVINGTON, KY 41011

6. The name of the initial registered agent is

DBL LAW

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

C/O BRYAN C. BERGER 109 E. 4TH STREET, COVINGTON, KY 41011

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

Manager	MARIO NOCERO	50 RIVERCENTER BLVD #50, COVINGTON, KY 41011
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Organizer	MARIO NOCERO	50 RIVERCENTER BLVD #50, COVINGTON, KY 41011
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Monday, August 26, 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: MARIO NOCERO**

I, **BRYAN C. BERGER**, consent to sign for **DBL LAW** who serves as the Registered Agent on behalf of this entity on Monday, August

26, 2024.

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