



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
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Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

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 Vitaflo USA, 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): _____
 (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 New York

5. The date of organization is 02/23/2003 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
1007 US Highway 202/206, Bldg JR 2 Bridgewater NJ 08807
Street Address **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) **City** **State** **Zip Code**

and the name of the registered agent at that office is C T Corporation System

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

<u>Moreno Perugini, President</u>	<u>1007 US Highway 202/206, Bldg J</u>	<u>Bridgewater</u>	<u>NJ</u>	<u>08807</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Barbara Sanchez, Vice President</u>	<u>1007 US Highway 202/206, Bldg</u>	<u>Bridgewater</u>	<u>NJ</u>	<u>08807</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Todd Burski, Secretary</u>	<u>1812 N. Moore Street</u>	<u>Arlington</u>	<u>VA</u>	<u>22209</u>
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: ☐

DocuSigned by:

Andrew Glass, Secretary January 17, 2025
Signature of Authorized Representative **Printed Name & Title** **Date**

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: C T Corporation System

Signature of Registered Agent **Printed Name** **Title** **Date**



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Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☐ a corporation (KRS 271B, KRS 273 or KRS 274)
☒ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is Vitaflo USA LLC
3. The state or country of incorporation, organization or formation is New York
4. The name of the initial registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:

306 W. Main Street, Suite 512	Frankfort	KY	40601
Street Address (No Post Office Box Number)	City	State	Zip Code

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

C T Corporation System

Jori Sawan

By: _____

Title Signature of Registered Agent Printed Name