



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
 Business Filings
 PO Box 718
 Frankfort, KY 40602
 (502) 564-3430
 www.sos.ky.gov

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

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 365 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 (KRS 271B); ☐ nonprofit corporation (KRS 273); ☐ professional service corporation (KRS 274);
☐ business trust (KRS 365); ☒ limited liability company (KRS 275); ☐ professional limited liability company (KRS 276);
☐ limited partnership (KRS 362).

2. The name of the entity is Kinnamon Industries LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Kinnamon Industries LLC

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Georgia

5. The date of organization is 10/20/12 and the period of duration is _____
 (If left blank, the period of duration is considered perpetual.)

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

3189 Cleveland Road Dalton Georgia 30721
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is:

45 West St Brodhead Ky 42563
 Street Address (no P.O. Box Number) City State Zip Code

and the name of the registered agent at that office is _____

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

James Kinnamon 3189 Cleveland Rd Dalton GA 30721
 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 abovesigned 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. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

(The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is: 10/24/2012)

(Delayed effective date and/or time)

James Kinnamon
 Signature of Authorized Representative

James Kinnamon
 Printed Name & Title

Ronnie Dick
 Typewritten Name of Registered Agent

_____ consent to serve as the registered agent on behalf of the business entity.

Ronnie Dick
 Signature of Registered Agent

Ronnie Dick
 Printed Name

Agent
 Title

10/24/2012
 Date

(01/12)