

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1367340.06
Michael G. Adams
Secretary of State
Received and Filed
5/24/2024 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

Off the Grill LLC

3. The name of the entity to be used in Kentucky is

Off the Grill LLC

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

5. The date of organization is **1/2/2024** and the period of duration is **perpetual**.

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

97 Michigan Ave, Fort Campbell, KY 42223

7. The name of the initial registered agent is

CFD Services Inc

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

919 Tiny Town Rd Unit B, Clarksville, TN 37042

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

Authorized Rep	CFD Services Inc	919 Tiny Town Rd Unit B, Clarksville, TN 37042
Registered Agent	Gerald Thomas	97 Michigan Ave, Fort Campbell, KY 42223

9. This entity is managed by **Members**.

10. This application will be effective on **Friday, May 24, 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 **Authorized Rep: John Crespo**

I, **Gerald Thomas**, consent to sign for **CFD Services Inc** who

serves as the Registered Agent on behalf of
May 24, 2024.

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