

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
10/9/2024 12:00:00 AM
Fee receipt: \$90

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

DEMETRIOS FAMILY RESTAURANT LLC

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

4. The date of organization is **10/9/2024** and the period of duration is **perpetual**.

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

100 E. Rivercenter Blvd., Covington, KY 41011

6. The name of the initial registered agent is

Cogency Global Inc.

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

828 Lane Allen Road Suite 219, Lexington, KY 40504

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

Manager	Carl Vasiliou	100 E. Rivercenter Blvd, Covington, KY 41011
Organizer	Carl Vasiliou	100 E. Rivercenter Blvd, Covington, KY 41011

8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, October 9, 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: Carl Vasiliou**

I, **Tia Baugher for Cogency Global Inc.**, consent to sign for **Cogency Global Inc.** who serves as the Registered Agent on behalf of this entity on Wednesday, October 9, 2024.