

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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

HUDSON DINING EXPERIENCE LLC

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

4. The date of organization is **7/1/2020** and the period of duration is **perpetual**.

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

60 South Main Suite 209, Memphis, TN 38103

6. The name of the initial registered agent is

Christopher Hudson

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

641 S 41St, Louisville, KY 40211

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

Member Christopher Hudson 60 South Main Ste 209, Memphis, TN 38103

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

9. This filing will be effective on **Tuesday, April 15, 2025**.

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 **Owner: Christopher Hudson**

I, **Christopher Hudson**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, April 15, 2025.