Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

JETS PIZZA KENTUCKY 5 LLC

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

JETS PIZZA KENTUCKY 5 LLC

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

5. The date of organization is **4/18/2023** and the period of duration is **perpetual**.

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

3624a S Hurstbourne Pkwy, Louisville, KY 40299

7. The name of the initial registered agent is

CORPORATE CREATION

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

101 N 7th St, Louisville, KY 40202

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

Registered Agent	CORPORATE CREATION 101 N 7th St, Louisville, KY 40202	
Authorized Rep	JOHN JETTS	37501 Mound Rd, Sterling Heights, MI 48310

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

10. This filing will be effective on **Monday, February 3, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 JETTS

I, **JOHN JETTS**, consent to sign for **CORPC**
who serves as the Registered Agent on beha
Monday, February 3, 2025.