

# COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/2/2016 7:39 AM

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 Certificate of Authority (Foreign Business Entity)

**FBE** 

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS 14 on behalf of the entity named below a			hereby applies for a	uthority to transact business in Kentucky
busine	corporation (KRS 271B). ss trust (KRS 386).	nonprofit corporation (KRS 273 limited liability company (KRS 2	<i>_</i> ·	onal service corporation (KRS 274). onal limited liability company (KRS 275).
2. The name of the entity is(The name	e must be identical to the name o	n record with the Secretary of Stat	e.)	
3. The name of the entity to be used	in Kentucky is (if applicable):	Only provide if "real name" is unav	vailable for use: otherv	vise. leave blank.)
4. The state or country under whose				,·
5. The date of organization is		and the period of dur	ration is	
6. The mailing address of the entity's	s principal office is		(II	left blank, the period of duration is considered perpetual.)
Street Address		City	State	Zip Code
7. The street address of the entity's	registered office in Kentucky is			
212 N. 2ND STREE	ET, STE 100	RICHMOND	KY	40475
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent	t at that office isREG	STERED AGENTS, INC.		
8. The names and business address	ses of the entity's representative	es (secretary, officers and directo	ors, managers, truste	es or general partners):
Name	Street or P.O. Box	City	State	Zip Code
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 more states or territories of the United States				ne secretary and treasurer are licensed in one or orporation.
10. I certify that, as of the date of filin	g this application, the above-na	amed entity validly exists under t	he laws of the jurisdi	ction of its formation.
11. If a limited partnership, it elects	s to be a limited liability limited	d partnership. Check the box i	if applicable:	
12. If a limited liability company, ch 13. This application will be effective to The effective date or the delayed effe	upon filing, unless a delayed eff	ective date and/or time is provide		
Rill Y				(Delayed effective date and/or time)
Signature of Authorized Representative	, and	Printed Name & Title	e	Date
I, REGISTERED AGE Type/Print Name of Registered Agent		, consent to serve as the re	egistered agent on b	ehalf of the business entity.
File H		LL HAVRE	SECRETARY	
Signature of Registered Agent	Printed		Title	Date

# FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The corporation must indicate if it is a corporation (KRS 271B), a nonprofit corporation (KRS 273), a professional service corporation (KRS 274), a business trust (KRS 386), a limited liability company (KRS 275) or a limited partnership (KRS 362) by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

# DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

# **CONSENT OF REGISTERED AGENT**

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

#### WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner,

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

# **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

# **FILING FEE**

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

# **MAILING ADDRESS**

Alison Lundergan Grimes Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

## OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

# CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

## **FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.