

COMMONWEALTH OF KENTUCKY

MICHAEL G. ADAMS, SECRETARY OF STATE

1239146.06

Fee Receipt: \$90.00

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/27/2022 3:29 PM

Certificate of Authority
(Foreign Business Entity)
, ,

www.sos.ky.gov					
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	- 030 the undersigned hereby applieding statements:	s for authority to transact b	ousiness in Kentucky on be	half of the entity named below	
4. The continuing of Theoretic corporation	entity is a: profit corporation nonprofit corporation professional limited liability company				
The entity is a: profit corporation business trus			statutory trust	nabinty company	
		ative association	other		
limited partner		al service corporation	- J other		
non-profit llc		al service corporation			
2. The name of the entity is Hyatt Far	ms, LLC name must be identical to the name	e on record with the Sec	retary of State.)		
20	279 92722				
3. The name of the entity to be used in	(Only p	rovide if "real name" is	ınavailable for use; other	wise, leave blank.)	
4. The state or country under whose law				*	
5. The date of organization is01/11/20	013	and the period of duration	n is		
			(If left blank, duration is	considered perpetual.)	
6. The mailing address of the entity's pr	incipal office is	Lake Wales	FL	33898	
26551 State Road 60 East Street Address		City	State	Zip Code	
	letered effect in Manticologie			And • Subsection	
The street address of the entity's regWest Main Street, Suite 2300	istered office in Kentucky is	Lexington	KY	40507	
Street Address (No P.O. Box Number	s)	City	State	Zip Code	
and the name of the registered agent at				130	
The names and business addresses			managere trustees or ger	neral nartners).	
8. The names and business addresses	of the entity's representatives (secre	tary, officers and directors			
Will Hyatt	26551 State Road 60 East	Lake Wales	FL	33898	
Name	Street or P.O. Box	City	State FL	Zip Code 33898	
Janine Hyatt	26551 State Road 60 East Street or P.O. Box	Lake Wales City	State	Zip Code	
Name	Street of P.O. Box	Oity	Otato	zip oous	
Name	Street or P.O. Box	City	State	Zip Code	
 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation 10. I certify that, as of the date of filing to the limited partnership, it elects to be 	re states or territories of the United S n. his application, the above-named ent	itates or District of Columb	laws of the jurisdiction of it	service described in the	
		. Check the box if applica	ible.		
12. If a limited liability company, chec	к рох іт manager-managed:				
13. This application will be effective upon	on filing.				
	Will	Hyatt, Manager	Octob	er 6, 2022	
Signature of Authorized Representative		Printed Name & Title		Date	
L S & H Lexington, LLC		onsent to serve as the red	istered agent on behalf of t	he business entity.	
Type/Print Name of Registered Agent	,•		22 232 011 2011011 01 0		
327	Brady W. Dunr	nigan	Member	Oct. 6, 2022	
Signature of Registered Agent	Printed Name		Title	Date	
	7. 100mm.co zilia		resemble of	\$20.000000	