

Commonwealth of Kentucky
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

Cinema Europa

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

CINEMA EUROPA LLC

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

5. The date of organization is **3/21/2024** and the period of duration is **perpetual**.

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

418 Mammoth Cave Street, Cave City, KY 42127

7. The street address of the entity's registered office in Kentucky is

418 Mammoth Cave Street, Cave City, KY 42127

and the name of the registered agent at that office is **Jamie Ronald Thompson**.

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

Manager	Jamie Ronald Thompson	14 Barker Ridge The Woodlands Ct	TX	77382
Organizer	Jamie Ronald Thompson	14 Barker Ridge The Woodlands Ct	TX	77382

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

10. This application will be effective on **Monday, May 20, 2024**.

As the Authorized Representative, I, **Jamie R Thompson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**

I, **Jamie Ronald Thompson**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.