



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A - 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: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is UNIQUE PROPERTY, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is January 11, 2024 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
12243 Branford Street Sun Valley CA 91352
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Philip E. Kamins, CEO	12243 Branford Street	Sun Valley	CA	91352
Name	Street or P.O. Box	City	State	Zip Code
Gary E. Kamins, President	12243 Branford Street	Sun Valley	CA	91352
Name	Street or P.O. Box	City	State	Zip Code
T.C. Cheong, EVP/CFO/Sec	12243 Branford Street	Sun Valley	CA	91352
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

[Signature] T.C. Cheong, Authorized Person 1/18/2024
Signature of Authorized Representative Printed Name & Title Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Lynell Allison Corporation Service Company Lynell Allison - Asst Secretary 01/21/2024
Signature of Registered Agent Printed Name Title Date

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

TYPE OF FORMATION

The business entity **must** indicate its type pursuant to the provisions of KRS14A-030 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 non-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.

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

Michael Adams
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, 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.