

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Auth (Foreign Business			FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	nd KRS 271B, 273, 274,275, 3 for that purpose, submits the f	62 and 386 the undersigned here ollowing statements:	eby applies for au	ithority to transact business in Kentuck
1. The entity is a : profit corp business t limited par	nprofit corporation (KRS 273). ited liability company (KRS 275).		onal service corporation (KRS 274). onal limited liability company (KRS 275)	
2. The name of the entity is RKHS H	oldings, LLC			
2. The harrie of the criticy is	ist be identical to the name on re-			
3. The name of the entity to be used in I	(Only	HS Holdings, LLC provide if "real name" is unavailab	le for use; otherw	ise, leave blank.)
4. The state or country under whose law	the entity is organized is TN			
5. The date of organization is 11/04/2	and the period of duration is Perpetual			
The mailing address of the entity's pr		and the period of duration	(If	left blank, the period of duration is considered perpetual.)
4870 Tuckaway Ct	incipal office is	Clarksville	TN	37043
Street Address		City	State	Zip Code
7. The street address of the entity's regi	stered office in Kentucky is			
2716 Old Rosebud, STE 201A		Lexington	KY	40509
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at	that office is REGISTERE	ED AGENTS INC.		
8. The names and business addresses	that office is		managers, truste	es or general partners):
Robert Galbraith	4870 Tuckaway Ct	Clarksville	TN	37043
Name	Street or P.O. Box	City	State	Zip Code
Kelly Galbraith	4870 Tuckaway Ct	Clarksville	TN	37043
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
	U.O. S. C. S. L. L. G b. aldana		directors and all	of the officers other than the secretary
9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Uni	ted States or District of Columbia	to render a profe	essional service described in the
10. I certify that, as of the date of filing th	nis application, the above-name	d entity validly exists under the la	aws of the jurisdic	ction of its formation.
11. If a limited partnership, it elects to				
12. This application will be effective upon the effective date or the delayed effective	n filing, unless a delayed effecti	ve date and/or time is provided.		12/29/2014
the effective date of the delayed check	the date carried be prior to the de	ate the application to med. The a		(Delayed effective date and/or time)
and half	5	Robert Galbraith		12/30/2014
Ignature of Authorized Representative		Printed Name & Title		Date
REGISTERED AGENTS II	NC.	, consent to serve as the regist	ered agent on be	ehalf of the business entity.
Type/Print Name of Registered Agent BILL HAVRE PRESIDENT				
Signature of Registered Agent	Printed Na	me Ti	tle	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 hon-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 90th 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.