# Commonwealth of Kentucky Michael G. Adams, Secretary of State

1368855.06 Michael G. Adams Secretary of State Received and Filed 6/1/2024 12:00:00 AM

Fee receipt: \$90

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# **Certificate of Authority**

**FBE** 

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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

## WhiteBread Catering LLC

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

### WhiteBread Catering LLC

- 4. The state or country under whose law the entity is organized is Tennessee.
- 5. The date of organization is 10/20/2021 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

### 703 Wilderness Rd, Middlesboro, KY 40965

7. The name of the initial registered agent is

#### **Andrew Harrison**

and the street address of the entity's initial registered office in Kentucky is

#### 703 Wilderness Rd, Middlesboro, KY 40965

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

Registered Agent	Andrew Harrison	703 Wilderness Rd, Middlesboro, KY 40965
Authorized Rep	Andrew Harrison	703 Wilderness Rd, Middlesboro, KY 40965

- 9. This entity is managed by **Members**.
- 10. This application will be effective on **Saturday**, **June 1, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep: Andrew Harrison** 

I, **Andrew Harrison**, consent to sign for **Andrew Harrison** who Page 1 of 2

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serves as the Registered Agent on behalf of Saturday, June 1, 2024.

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