

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

L902

1387256.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/15/2024 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**

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

**FUEGO KOBY, LLC**

3. The state or country under whose law the entity is organized is **Michigan**.

4. The date of organization is **8/14/2024** and the period of duration is **perpetual**.

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

**318 College View Avenue, Lexington, KY 40526**

6. The name of the initial registered agent is

**Koby Brea Villar**

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

**318 College View Avenue, Lexington, KY 40526**

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

**Member** Koby Brea Villar 318 College View Avenue, Lexington, KY 40526

8. This entity is managed by **Members**.

9. This filing will be effective on **Thursday, August 15, 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 **Attorney In Fact for Koby Brea Villar: /Brandon Hess/**

I, **Koby Brea Villar**, consent to serve as the Registered Agent on behalf of this entity on Thursday, August 15, 2024.