

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

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

**THARALDSON HOSPITALITY MANAGEMENT, LLC**

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

4. The date of organization is **6/12/2012** and the period of duration is **perpetual**.

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

**4520 36th Ave S, Fargo, ND 58103**

6. The name of the initial registered agent is

**C T Corporation System**

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

**306 West Main Street, Suite 512, Frankfort, KY 40601**

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

<b>Manager</b>	Gary Tharaldson	4520 36th Ave S, Fargo, ND 58104
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<b>Organizer</b>	Gary Tharaldson	4520 36th Ave S, Fargo, ND 58104
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8. This entity is managed by **Managers**.

9. This application will be effective on **Thursday, June 6, 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 **Manager: Gary Tharaldson**

I, **C T Corporation System**, consent to sign for **C T Corporation System** who serves as the Registered Agent on behalf of this entity on Thursday, June 6, 2024.