

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1403359.06
Michael G. Adams
Secretary of State
Received and Filed
11/1/2024 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

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

Southern Valley Pizza II Limited Liability Company

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

Southern Valley Pizza II Limited Liability Company

4. The state or country under whose law the entity is organized is **West Virginia**.

5. The date of organization is **11/1/2024** and the period of duration is **perpetual**.

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

375 Southside Mall Rd, South Williamson, KY 41503

7. The name of the initial registered agent is

David Jude II

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

375 Southside Mall Rd, South Williamson, KY 41503

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

Registered Agent	David Jude II	375 Southside Mall Rd, South Williamson, KY 41503
Authorized Rep	David Jude II	375 Southside Mall Rd, South Williamson, KY 41503
Authorized Rep	David Jude II	375 Southside Mall Rd, South Williamson, KY 41503

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

10. This filing will be effective on **Friday, November 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 **David Jude II**

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I, **David Jude II**, consent to sign for **David J**
the Registered Agent on behalf of this entity
22, 2024.

