

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Certificate of Authority (Foreign Business Entity)

	ns of KRS 14A – 030 the und ubmits the following statement	lersigned hereby applies for auth	nority to transact busines	s in Kentucky on be	shalf of the entity named below
1. The entity is a:	profit corporation	nonprofit corporation	on	professional limited liability company	
•	business trust	limited liability com		statutory trust	
	limited partnership	Itd cooperative ass	ociation	public benefit corpo	oration
	non-profit llc	professional service	e corporation	other	
2. The name of the enti	ty is Stratford Fox Run Dis				·
	·	e identical to the name on rec	ord with the Secretary (of State.)	
3. The name of the enti	ty to be used in Kentucky is (i	f applicable):(Only provide if	f "real name" is unavait	able for use: other	wise, leave blank.)
4. The state or country	under whose law the entity is				
5. The date of organizat	ion is December 11, 2024		e period of duration is pe		
6 The mailing address	of the entity's principal office i	is.	(If left	t blank, duration is	considered perpetual.)
1040 Monarch Stree			ngton	KY	40513
Street Address		City		State	Zip Code
7. The street address o	f the entity's registered office	in Kentucky is			
306 W. Main Street,		Fran	kfort	KY	40601
Street Address (No P.0	•	ama a	City	State	Zip Code
and the name of the reg	istered agent at that office is	C 1 Corporation System	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
8. The names and busing	ness addresses of the entity's	representatives (secretary, office	ers and directors, manag	gers, trustees or gen	ieral partners):
Jonathan Gulas	1040 Mona	rch Street Lex	ington	KY	40601
Name	Street or P.0	O. Box City	,	State	Zip Code
Name	Street or P.0	O. Box City		State	Zip Code
Name	Street or P.0	O. Box City	,	State	Zip Code
and treasurer are licens statement of purposes of	ed in one or more states or te of the corporation.	ial shareholders, not less than or rritories of the United States or E n, the above-named entity validly	District of Columbia to rer	nder a professional s	service described in the
11. If a limited partnersh	nip, it elects to be a limited liab	oility limited partnership. Check	the box if applicable:		
12. If a limited liability of	company, check box if mana	ger-managed:			
13. This application will	be effective upon filing.				
Signed by:	, -				
1200 Lun		Jonathan Gi	ulas, President	Decem	ber 13, 2024
Sidoatore AS Authorized F	Representative	Prin	ted Name & Title		Date
I, C T Corporation S Type/Print Name of Reg C T Corpo	ystem jistered Agent ration System	, consent to	serve as the registered a	agent on behalf of th	ne business entity.
By:					
Signature of Registered A	rgent representation of the second se	Printed Name	Title		Date



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Statement of Consent of Registered Agent (Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

Signature Registered Agent		Print	ted Name
C T Corporation System By:	Olo	Hil	Olga Hinkel, Associate Director, Customer Success
I declare under penalty of perjury under the la	ws of Kentucky that the	forgoing is true a	
Street Address (No Post Office Box Number)	City	State	Zip Code
306 W. Main Street, Suite 512	Frankfort	KY	40601
4. The name of the initial registered agent is5. The street address of the registered office	-		
3. The state or country of incorporation, organ			
2. The name of the business entity is Stratfor			
a limited a limited a limited a busine	ration (KRS 271B, KRS d liability company (KRS d partnership (KRS 362) d liability partnership (KR ess trust (KRS 386)	275)	
following statements:	• • • • • • • • • • • • • • • • • • •		,

(02/23)