

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES. SECRETARY OF STATE

1215766.06

Michael G. Adams Kentucky Secretary of S Received and Filed:

District of Ductors Fillings				6/22/2022 1:28 PM Fee Receipt: \$90.00
Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Aut (Foreign Business E			
Pursuant to the provisions of KRS 14A on behalf of the entity named below ar	and KRS 271B, 273, 274,275, 36 and, for that purpose, submits the fo	2 and 386 the undersigned here llowing statements:	eby applies for author	ity to transact business in Kentuck
business tr limited part non-profit li	ust (KRS 386). Ilimited inership (KRS 362). Itd coole (KRS 275)	rofit corporation (KRS 273) d liability company (KRS 275) operative assn. (KRS) trative assn. (KRS)		ervice corporation (KRS 274) nited liability company (KRS 275)
2. The name of the entity is Vitality	name must be identical to the name o	n record with the Secretary of Sta	ite.)	•
3. The name of the entity to be used i				
5. The hame of the chity to be used i	(Or	nly provide if "real name" is unava	ilable for use; otherwis	e, leave blank.)
4. The state or country under whose I	aw the entity is organized is India	ana		·
5. The date of organization is March	22, 2021	and the period of duratio		
			(If left blank, the period	d of duration is considered perpetua
6. The mailing address of the entity's	principal office is	Now Albany	INI	47150
1420 East Main Street		New Albany City	IN State	Zip Code
Street Address		City	State	Lip dode
7. The street address of the entity's re		Louisville,	KY	40202
400 W. Market Street, 32nd Floo Street Address (No P.O. Box Numbers)		City	State	Zip Code
	ERTILO	ony	J.u.u	
and the name of the registered agent	at that office is FBT LLC			·
8. The names and business addresse	es of the entity's representatives (s	ecretary, officers and directors,	managers, trustees of	r general partners):
Todd Marsh	1420 East Main Street	New Albany	INI	47150
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the	individual shareholders, not less than one	half (1/2) of the directors, and all of the	e officers other than the sec	cretary and treasurer are licensed in one o
more states or territories of the United States of 10. I certify that, as of the date of filling 11. If a limited partnership, it elects to 12. If a limited liability company, che 13. This application will be effective u The effective date or the delayed effe	g this application, the above-named be a limited liability limited partner eck box if manager-managed: foon filing, unless a delayed effective.	d entity validly exists under the rship. Check the box if applicad velocity and one of the control of the contr	laws of the jurisdiction	
Please indicate the Kentucky county in	which your business operates:			
County: Warren	To complete the folio	wing, please shade the box comp	letely.	
Please indicate the size of your busines Small (Fewer than 50 employees) Large (50 or more employees)		the <u>r any</u> of the following make up		at (50%) of your business ownership:
Please indicate which of the following	best describes your business:		P 10	3
☐Wholesale Trade ☐Re	ining Services tail Trade Manufacturi ansportation, Communications, Electr		nce, Real Estate	
7	w/ ~/	Todd Marsh, Manager	6/	21/22
Signature of Authorized Representative		Printed Name & Title		Date
I, FBT LLC		. consent to serve as the rea	istered agent on beha	

FBT LLC

Printed Name

consent to serve as the registered agent on behalf of the business entity.

Jill Battcher, Manager for FBT LLC 6/21/22

Date

(05/17)

Type/Print Name of Registered Agent

Lie Bottone

Signature or Registered Agent