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Michael G. Adams

Fee Receipt: \$90.00

Kentucky Secretary of State Received and Filed: 11/22/2022 9:24 AM

tsemones ADD



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		ertificate of Authority Foreign Business Entity)		FBE		
		es for authority to transact bu	usiness in Kentucky on be	ehalf of the entity named below		
1. The entity is a: profit corporation business true limited partn non-profit llc	ership	Imited liability company Itd cooperative association professional service corporation		professional limited liability company statutory trust other		
2. The name of the entity is Pizza Hut	Menapak S.a.r.l., LLC name must be identical to the nam	e on record with the Secre	stary of State.)			
3. The name of the entity to be used in	Kentucky is (if applicable):					
	(Only p	provide if "real name" is u	navailable for use; other	wise, leave blank.)		
4. The state or country under whose law				······································		
5. The date of organization is <u>8/14/201</u>	14	and the period of duration	is	considered perpetual)		
6. The mailing address of the entity's p	rincipal office is		(II leit blank, dulation is	considered perpetual.)		
1900 Colonel Sanders Lane		Louisville	KY	40213		
Street Address		City	State	Zip Code		
7. The street address of the entity's reg	stered office in Kentucky is					
306 W. Main Street, Suite 512.		Frankfort	KY	40601		
Street Address (No P.O. Box Number	rs)	City	State	Zip Code		
and the name of the registered agent at	that office is CT Corporation Sve	stem				
				······································		
8. The names and business addresses	of the entity's representatives (secre	tary, officers and directors, r	nanagers, trustees or gen	eral partners):		
Peter Wesh	1900 Colonel Sanders Lane	Louisville	KY	40213		
Name	Street or P.O. Box	City	State	Zip Code		
Angel Yang	1900 Colonel Sanders Lane	Louisville	KY	40213		
Name	Street or P.O. Box	City	State	Zip Code		
Diana T. Beakes	1441 Gardiner Lane	Louisville	KY	40213		
Name	Street or P.O. Box	City	State	Zip Code		
<ol> <li>If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation</li> </ol>	re states or territories of the United Sin.	tates or District of Columbia	to render a professional s	service described in the		
10. I certify that, as of the date of filing t				Torritation.		
			e: 🔲			
11. If a limited partnership, it elects to be	e a limited liability limited partnership.		e:			
<ol> <li>If a limited partnership, it elects to be</li> <li>If a limited liability company, check</li> </ol>	e a limited liability limited partnership. k box if manager-managed: 🔀		e: 🗌			
<ul> <li>10. I certify that, as of the date of filing the second second</li></ul>	e a limited liability limited partnership. k box if manager-managed: 🔀 on filing.	. Check the box if applicabl				
11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upo	e a limited liability limited partnership. k box if manager-managed: 🔀 on filing.	. Check the box if applicabl na T. Beakes, Assistant S		022		
<ol> <li>If a limited partnership, it elects to be</li> <li>If a limited liability company, check</li> </ol>	e a limited liability limited partnership. k box if manager-managed: 🔀 on filing.	. Check the box if applicabl				
11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upo	e a limited liability limited partnership. k box if manager-managed: 🔀 on filing.	. Check the box if applicabl na T. Beakes, Assistant S	Secretary 11/17/2	2022 Date		
11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upo <u>Mana T. Mana Basis</u> Signature of Authorized Representative <u>C T Corporation System</u> , <u>Type/Print Name of Registered Agent</u>	e a limited liability limited partnership. k box if manager-managed: 🔀 on filing. <u>Dia</u>	. Check the box if applicabl na T. Beakes, Assistant S Printed Name & Title	Secretary <u>11/17/2</u> ered agent on behalf of th	2022 Date		
<ul> <li>If a limited partnership, it elects to be</li> <li>If a limited liability company, check</li> <li>This application will be effective upo</li> <li>This application will be effective upo</li> <li>C T Corporation System,</li> </ul>	e a limited liability limited partnership. k box if manager-managed: 🔀 on filing. <u>Dia</u>	. Check the box if applicabl na T. Beakes, Assistant S Printed Name & Title	Secretary 11/17/2	2022 Date		