

# COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602	Certificate of Authority (Foreign Business Entity)			FBI		
(502) 564-3490 www.sos.ky.gov						Sec. 2 Seek 18
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	nd KRS 271B, 273, 274 for that purpose, submi	,275, 362 and 386 the t is the following stateme	indersigned hereby a nts:	pplies for authority	y to transact bu	isiness in Kentucky
business to	oralion (KRS 271B). Crust (KRS 386). Charship (KRS 362).	nonprofit corporation limited liability comp	n (KRS 273), Cany (KRS 275).	professional se professional lin		on (KRS 274). mpany (KRS 275).
2. The name of the entity is LAKC (The name mu	COUNTY SCW ist be identical to the nam	CO. IM.	etary of State.)			
3. The name of the entity to be used in R	Centucky is (if applicable	): (OUY) (Only provide if "real n	hy Sewier (	o. \ W .	ave blanki)	
4. The state or country under whose law	the entity is organized i	B 0410				
5. The date of organization is OC+ 03, 1981		and the period of duration is		Current		
6. The mailing address of the entity's pri	ncloal office is			(if left bli is co	ank, the period considered perpe	of duration tual.)
32900 LUCILLAN BIN		NIII (	wick	OH10 State	4409	<u>5</u> .
7. The street address of the entity's regis	stered office in Kentucky	/is	*	Citae	zip Guile	
304 W. MAIN ST. Sut	<u>1512</u>	Fran	1Kfort	Ky	40 Lo	01
and the name of the registered agent at t	hat office is <u>CTC(</u>	mporation	System		•	
8. The names and business addresses of	of the entity's representa	itives (secretary, officer	t and directors, mana	gers, trustees or p	general partner	s):
FLANK S. KLIMA Tr. PIZS!			154	OH	4105	5
Postcicia A Manuari N.P.	11	City	41	State	Zip Code	
	Street or P.O. Box	City	*	State	ZIp Code	
DICK Maryon Scc.	Street or P.O. Box	City	11/	State	Zip Code	
If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.	II the individual sharehole states or territories of t	ders not less than one	half (1/2) of the direct rict of Columbia to re	ore and all of the	officer other	than the secretary ribed in the
10, I certify that, as of the date of filing thi	is application, the above	-named entity validly ex	ists under the laws o	f the jurisdiction o	f ils formation.	
12. This application will be effective upon	filing, unless a delayed	effective date and/or tir	ne is provided.		*	
The effective date of the delayed effective	e date cannot by proving	the date the application	is filed. The date a	nd/or time is (Dela	yed effective da	te and/or time)
Signature of Authorized Representative		12:CKW	larvoci Sec			
O + Cooppos line	100/044	Fintes	Name & Tipe		Date	
Type/Print Name of Registered Agent	14 Sterry	, consent to se	rve as the registered	agent on behalf o	f the business	entity.
Signature of Registered Agent	Prin	Itey JUCO	155	t. Jecre	tary.	12/18/2016
(01/12)			ing		0	Date ,

# FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The corporation must indicate if it is a corporation (KRS 271B), a nonprofit corporation (KRS 273), a professional service corporation (KRS 274), a business trust (KRS 386), a limited liability company (KRS 275) or a limited partnership (KRS 362) by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

#### DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

# REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

#### CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chalman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

## **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

#### WHO MAY SIGN

The document must be signed by an officer, chalman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

### FILING FEE

The filling fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

#### MAILING ADDRESS

Alison Lundergan Grimes Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

#### OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

# CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

#### FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES.

The business entity must file an annual report with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.