



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.sqs.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Yum Restaurant Services Group, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 11/18/1996 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
1441 Gardiner Lane Louisville KY 40213
 Street Address City State Zip C ode

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512, Frankfort KY 40601
 Street Address (No P.O. Box Numbers) C ity State Zip C ode

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Carson T. Stewart	1441 Gardiner Lane	Louisville	KY	40213
Name	Street or P.O. Box	C ity	State	Zip C ode
Scott A. Catlett	1441 Gardiner Lane	Louisville	KY	40213
Name	Street or P.O. Box	C ity	State	Zip C ode
Diana T. Beakes	1441 Gardiner Lane	Louisville	KY	40213
Name	Street or P.O. Box	C ity	State	Zip C ode

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

Diana T. Beakes Diana T. Beakes, Assistant Secretary 11/17/2022
 Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

By: Sherry McGinnes Sherry McGinnes Assistant Secretary 11/18/2022
 Signature of Registered Agent Printed Name Title Date