



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).
☐ business trust (KRS 386). ☐ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).
☐ limited partnership (KRS 362).

2. The name of the entity is Natural Dog Food Express, Inc.
 (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 Wyoming

5. The date of organization is July 28, 2011 and the period of duration is _____
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
848 N. Rainbow Blvd., #3741 N. Las Vegas NV 89107
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
335 East Seventh Street Lexington KY 40508
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Ben Eubank

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

<u>Michael D'Arelli</u>	<u>848 N. Rainbow Blvd. #3741</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89107</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Paul D'Arelli</u>	<u>848 N. Rainbow Blvd. #3741</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89107</u>
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 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. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

Michael D'Arelli March 22, 2012
 Signature of Authorized Representative Printed Name & Title Date

I, Ben Eubank, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

<u>Ben Eubank</u>	<u>Ben Eubank</u>	<u>Fulfillment Warehouse Owner</u>	<u>March 22, 2012</u>
Signature of Registered Agent	Printed Name	Title	Date

(01/12)

10A100 (10-11)

Commonwealth of Kentucky
DEPARTMENT OF REVENUE**KENTUCKY TAX
REGISTRATION APPLICATION**

- Incomplete or illegible applications will delay processing and will be returned.
- Print or type the application using blue or black ink only.
- Please see instructions for questions regarding completion of the application.
- Need Help? Call (502) 564-3306 or visit www.revenue.ky.gov

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CRIS	Coded	
CTS CASE#	Date Coded	
CTS Person ID #	Data Entry	
NAICS	SIC	Date Data Entered

SECTION A REASON FOR COMPLETING THIS APPLICATION (Must Be Completed)

1. Effective Date 03/30/2012
- ☒ Opened new business
- ☐ Resumption of business
- ☐ Hired employees working in Kentucky
- ☐ Hired employees working out-of-state with a KY residence
- ☐ Applying for additional tax accounts/Began new taxable activity
- ☐ Bidding for State Government Contract (State Vendor or Affiliates)
- ☐ Other (Specify) _____
- Change in Ownership**
- ☐ Ownership type change—Previous type _____
- ☐ Purchased an existing business (See Instructions)

To update information for your existing account(s) or report opening a new location of your current business, use Form 10A104, Update or Cancellation of Kentucky Tax Accounts.

2. Previous Account Numbers (If Applicable)

Kentucky Withholding Tax _____

Kentucky Sales and Use Tax _____

Kentucky Corporation Income Tax _____

Kentucky Limited Liability Entity Tax _____

Kentucky Coal Severance Tax _____

Federal ID Number (FEIN) _____

3. Current Account Numbers (If Applicable)

Kentucky Withholding Tax _____

Kentucky Sales and Use Tax _____

Kentucky Corporation Income Tax _____

Kentucky Limited Liability Entity Tax _____

Kentucky Coal Severance Tax _____

SECTION B BUSINESS / RESPONSIBLE PARTY / CONTACT INFORMATION (Must Be Completed)4. Legal Business Name Natural Dog Food Express, Inc.

5. Doing Business As (See Instructions) _____

6. Federal Employer Identification Number (FEIN)
(Required, complete prior to submitting)45-26063657. Kentucky Secretary of State Organization Number
(If applicable)

□ □ □ □ □ □ □ □

8. Business Location

9. Location of Business Records

☐ Use the same address as listed in Item 8

Street Address (DO NOT List a PO Box) <u>335 East Seventh Street</u>			Street Address (DO NOT List a PO Box)		
City <u>Lexington</u>	State <u>KY</u>	Zip Code <u>40508</u>	City	State	Zip Code
Telephone Number <u>(888) 412-6254</u>	County (if in Kentucky) <u>Fayette</u>		Telephone Number () -	County (if in Kentucky)	

10. Accounting Period ☒ Calendar Year (year ending December 31st) ☐ Fiscal Year (year ending ____ / ____ (mm/dd))

11. Ownership Type

- ☐ Sole Proprietorship ☐ Association ☐ Real Estate Investment Trust ☐ Cooperative
- ☐ General Partnership ☐ Homeowner's Association ☐ Estate ☐ Other (See Instructions)
- ☐ Corporation ☐ Joint Venture ☐ Limited Partnership
- ☒ S Corporation ☐ Trust ☐ Limited Liability Partnership (LLP or LLLP)
- ☐ Government ☐ Non-Profit ☐ Limited Liability Company (LLC)

12. If "LIMITED LIABILITY COMPANY" is Checked Above, How Will You be Taxed for Federal Purposes?

- ☐ A. Partnership ☐ C. S Corporation ☒ Single Member-Disregarded Entity, member taxed as:
- ☐ B. Corporation ☐ D. Non-Profit ☐ E. Individual
- ☐ F. Other (Specify) _____

13-14. OWNERSHIP DISCLOSURE-RESPONSIBLE PARTIES (REQUIRED FOR ALL OWNERSHIP TYPES)

Full Legal Name (Last, First, Middle) <u>D'Arelli, Michael Joseph</u>			Full Legal Name (Last, First, Middle)		
Residence Address <u>421 Larch Lane</u>			Residence Address		
City <u>Sacramento</u>	State <u>CA</u>	Zip Code <u>95864</u>	City	State	Zip Code
Social Security Number (REQUIRED) <u>545619237</u>	Telephone Number <u>(916) 425-9987</u>		Social Security Number (REQUIRED)	Telephone Number () -	
Business Title	Effective Date of Title / /	Business Title	Effective Date of Title / /		

15. Person to contact regarding this application:

Name (Last, First, Middle) <u>D'Arelli, Michael Joseph</u>	Title <u>Owner</u>	Daytime Telephone <u>(916) 425-9987</u>	Extension
E-mail: (By supplying your e-mail address you give the Department of Revenue permission to contact you via E-mail.) <u>mjdarelli@gmail.com</u>			

SECTION C

TELL US ABOUT YOUR BUSINESS OR ORGANIZATION (Must Be Completed)

16. A. Describe the nature of your business activity in Kentucky, including any services provided. *Our 100% online business ships dog food from a warehouse in Ky.*
 B. If you make sales in Kentucky, list the products sold. *Bag of dry dog food.*
 C. Describe the nature of your business activity outside Kentucky, including any services provided. *We ship from Ky to 38 other states.*

17. Do you have or will you hire employees to work in Kentucky within the next 6 months?
 (An employee is anyone to whom you pay wages, including part-time help and family members.)
 18. Do you wish to voluntarily withhold on Kentucky residents who work outside Kentucky or withhold on pension and retirement plans?
 19. If your business is a corporation or limited liability company choosing taxation as a corporation for Federal purposes, will the Kentucky officers receive compensation other than dividends?

Yes No
☐ ☒

☐ ☒
☐ ☒

If you answered "YES" to ANY of questions 17 through 19, you must complete SECTION D.

20. Will you make retail and/or wholesale sales of tangible personal property or digital property in Kentucky?
 (Examples: prepared food, internet sales, downloaded music and books. See instructions for more.)
 21. Will you repair, install replacement parts, produce, fabricate, process, print or imprint tangible personal property?
 (Examples: automotive repairs and window tinting, sign making, embroidery, and engraving. See instructions for more.)
 22. Will you rent/lease tangible personal property to others, including related companies?
 23. Will you charge taxable admissions?
 24. Will you rent temporary lodging to others?
 25. Will you sell for or are you a manufacturer's agent soliciting orders for a nonresident seller not registered in Kentucky?
 26. Will you receive receipts from the breeding of a stallion to a mare in Kentucky?
 27. Will you make sales of motor vehicles to residents of AZ, CA, FL, IN, MA, MI, SC, or WA?
 28. Will you make sales of aviation/jet fuel?
 29. Are you a manufacturing fee processor or a contract miner located in Kentucky?
 30. Will you sell any of the following?

Yes No
☒ ☐

☐ ☒
☐ ☒

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Yes No
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☐ ☒
☐ ☒

- A. Coal or other minerals
 B. Water utilities
 C. Natural, artificial, or mixed gas
 D. Electricity

Yes No
☐ ☒
☐ ☒
☐ ☒

- E. Sewer services
 F. Communication services
 G. Multichannel video programming services*
 *(see instructions)

If you answered "YES" to ANY of questions 20 through 30 (except 30 G), you must complete SECTION E and you may SKIP questions 31 and 32.

If you answered "YES" to ANY of questions 30 B through 30 G, you must ALSO complete SECTION H.

31. Are you a construction company/contractor that will bring into this state construction materials or supplies on which no Kentucky sales tax or equivalent has been paid?
 32. Will you make purchases from out-of-state vendors and not pay Kentucky sales or use tax to the seller on those purchases? (IF YOU ARE A PROFESSIONAL SERVICE BUSINESS, PLEASE SEE INSTRUCTIONS FOR IMPORTANT ADDITIONAL DETAILS)

Yes No
☐ ☒

☒ ☐

If you answered "YES" to EITHER of questions 31 or 32, you must complete SECTION F.

33. Is your business/organization a corporation, S corporation, professional service corporation, limited partnership (LP), limited liability partnership (LLP or LLLP), professional limited liability partnership (PLLP or PLLP), limited liability company (LLC), professional limited liability company (PLLC), association, homeowners' association, real estate investment trust (REIT), regulated investment company (RIC), real estate mortgage investment conduit (REMIC), or similar entity created with limited liability for the partners, members or shareholders?

Yes No
☒ ☐

If you answered "YES" to question 33, you MUST answer questions 34 through 41.

Sole Proprietorships and General Partnerships may SKIP questions 34 through 41.

34. Is your corporation incorporated or limited liability entity organized under the laws of Kentucky with the Kentucky Secretary of State's Office?
 35. Will your corporation/limited liability entity have its commercial domicile in Kentucky?
 36. Will your corporation/limited liability entity own/lease any real or tangible personal property located in Kentucky?
 37. Will your corporation/limited liability entity have one or more individuals performing services in Kentucky?
 38. Will your corporation/limited liability entity maintain an interest in a pass-through entity doing business in Kentucky?
 39. Will your corporation/limited liability entity derive income from or attributable to sources within Kentucky, including income derived directly/indirectly from a trust/single member limited liability company doing business in Kentucky?
 40. Will your corporation/limited liability entity direct activities at Kentucky customers for the purpose of selling them goods or services?
 41. Will your corporation/limited liability entity own/lease any intangible property or receive payments from a related member as defined in KRS 141.205(1)(g) or an unrelated party for the use of intangible property in Kentucky such as royalties, franchise agreements, patents, trademarks, etc.?

Yes No
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If you answered "YES" to ANY of questions 34 through 41, you MUST complete SECTION G.

42. Will you mine coal that you own or possess the mineral rights to, either by deed, lease, consent, etc.?
 43. Does your company perform one or more of the following activities:
 A. Purchase coal for the purpose of processing and resale?
 B. Process refuse coal?
 (Processing means cleaning, breaking, sizing, dust allaying, treating to prevent freezing, or loading or unloading for any purpose.)
 C. Purchase and sell coal as a coal broker?

Yes No
☐ ☒

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If you answered "YES" to EITHER of questions 42 or 43, you must complete SECTION E and SECTION I.

FOR OFFICE USE ONLY					
WH #	SU # or USE #	CP/LLET #	TELECOM #	UGRLT #	CT #

SECTION D**EMPLOYER'S WITHHOLDING TAX ACCOUNT**

Must be completed if you answered "YES" to ANY of the questions 17 through 19.

44. Number of Kentucky employees _____
45. Date wages/pensions first paid or will be paid (REQUIRED)
____/____/____
46. Estimated annual withholding in Kentucky:
☐ \$0.00-\$399.99 ☐ \$2,000.00-\$49,999.99
☐ \$400.00-\$1,999.99 ☐ \$50,000.00 or more
47. Employer's Withholding Tax returns should be mailed to:
☐ Use the same address as listed on Page 1, Section B, Item 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -	County (if in Kentucky)	

SECTION E**SALES AND USE TAX ACCOUNT****TRANSIENT ROOM TAX ACCOUNT AND MOTOR VEHICLE TIRE FEE ACCOUNT**

Must be completed if you answered "YES" to ANY of the questions 20 through 30 (except 30 G).

48. Date sales began or will begin (REQUIRED)
____/____/____
49. Accounting Method ☐ Cash ☐ Accrual
50. Do you rent temporary lodging to others? ☐ Yes ☐ No
51. Do you sell new tires for motor vehicles? ☐ Yes ☐ No
52. Estimated gross monthly sales tax in Kentucky:
☐ \$0.00-\$1,199.99 ☐ \$1,200.00 or more

53. Sales and Use Tax returns should be mailed to:
☐ Use the same address as listed on Page 1, Section B, Item 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -	County (if in Kentucky)	

SECTION F**CONSUMER'S USE TAX ACCOUNT**

Must be completed if you answered "YES" to EITHER question 31 or 32.

54. Date purchases began or will begin (REQUIRED)
04/05/2012
* If you make a one-time purchase only, see the Instructions
55. Consumers Use Tax returns should be mailed to:
☐ Use the same address as listed on Page 1, Section B, Item 8

c/o or Attn. <u>Michael D'Arelli</u>		
Address <u>Natural Dog Food Express, Inc.</u>		
<u>848 N. Rainbow Blvd. #3741</u>		
City <u>Las Vegas</u>	State <u>NV</u>	Zip Code <u>89107</u>
Mailing Telephone Number <u>(988) 412-6254</u>	County (if in Kentucky)	

SECTION G**CORPORATION INCOME AND/OR LIMITED LIABILITY ENTITY TAX ACCOUNT**

Must be completed if you answered "YES" to ANY of the questions 34 through 41.

56. Date of incorporation or organization
07/28/2011
57. State of incorporation or organization Wyoming
58. Date of qualification with the Kentucky Secretary of State's Office
03/30/2012 ?
59. If a foreign entity, date that activity or receipt of pass through income began or will begin in Kentucky.
04/09/2012
60. If a foreign entity, is your Kentucky activity limited to the mere solicitation of the sale of tangible personal property? ☐ Yes ☐ No
61. Is your entity an exempt organization under Kentucky law?
☐ Yes ☒ No
 If yes, list the exemption type: _____

62. Corporation Income and/or Limited Liability Entity Tax returns should be mailed to:
☐ Use the same address as listed on Page 1, Section B, Item 8

c/o or Attn. <u>Michael D'Arelli</u>		
Address <u>Natural Dog Food Express, Inc.</u>		
<u>848 N. Rainbow Blvd. #3741</u>		
City <u>Las Vegas</u>	State <u>NV</u>	Zip Code <u>89107</u>
Mailing Telephone Number <u>(888) 412-6254</u>	County (if in Kentucky)	

SECTION H TELECOMMUNICATIONS TAX ACCOUNT AND/OR UTILITY GROSS RECEIPTS LICENSE TAX ACCOUNT

Must be completed if you answered "YES" to ANY questions 30 B through 30 G.

63. Date sales of communications or utilities began or will begin
-
- (REQUIRED)

____/____/____

Once the account for *Telecommunications Tax* is assigned, use the following web site to set up account for filing of returns.<http://revenue.ky.gov/business/Telecom.htm>

64. Telephone

(____) _____ - _____

Once the account for *Utility Gross Receipts License Tax* is assigned, use the following web site to set up account for filing of returns.<http://revenue.ky.gov/business/utillschool.htm>**SECTION I COAL SEVERANCE/PROCESSING TAX ACCOUNT and/or COAL SELLER/PURCHASER CERTIFICATE ID #**

Must be completed if you answered "YES" to EITHER question 42 or 43.

65. Date mining/processing or coal brokering operations began or will begin (REQUIRED)

____/____/____

66. Coal Severance & Processing Tax returns should be mailed to:

☐ Use the same address as listed on Page 1, Section B, Item 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number (____) _____ - _____		County (if in Kentucky)

IMPORTANT: THIS APPLICATION MUST BE SIGNED BELOW:

The statements contained in this application and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign the application.

Signed: _____

Signed: _____

Phone Number: _____

Phone Number: _____

Title: _____

Date: _____

(mm/dd/yyyy)

Title: _____ Date: ____/____/____ (mm/dd/yyyy)

For assistance in completing the application, please call the **Taxpayer Registration Section** at (502) 564-3306, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., Eastern time, or you may contact one of the Kentucky Taxpayer Service Centers or use the Telecommunications Device for the Deaf. Each office is open Monday through Friday, 8:00 a.m. to 5:00 p.m., local time. For a list of Taxpayer Service Centers and phone numbers, see the Instructions.

MAIL completed application to: **KENTUCKY DEPARTMENT OF REVENUE** or **FAX to: 502-227-0772**
P.O. BOX 299, STATION 20
FRANKFORT, KENTUCKY 40602-0299

See **Form 10A100-I, Instructions for Kentucky Tax Registration Application**, for step-by-step instructions and additional information in completing this application.

If you are applying for a withholding account and/or a sales and use tax account and would like to receive a packet to register for Electronic Funds Transfer (EFT), please call (502) 564-6020.

To register for cigarette tax, minerals or natural gas severance tax, motor fuels tax, or any other miscellaneous taxes or fees administered by the Department of Revenue, please visit the Department's Web site at www.revenue.ky.gov.

This form does not include registration with the Secretary of State, Unemployment Insurance, or Workers' Compensation Insurance. For assistance please contact those offices at the numbers below.

Secretary of State	(502) 564-3490	Unemployment Insurance	(502) 564-2272	Workers' Compensation	(502) 564-5550
IRS--FEIN	(800) 829-4933				

For assistance with other questions about starting a business in Kentucky, including special licensing and permitting requirements, business structure registration, employer responsibilities, and business development resources, visit the Business Information Clearinghouse online at www.thinkkentucky.com/BIC or call toll free 1-800-626-2250.



The Kentucky Department of Revenue does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.