

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1420471.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/9/2025 10:43 AM Fee Receipt: \$90.00

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

Certificate of Authority

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14, and, for that purpose, submits the follo		eby applies for authority to trans	act business in Kentucky on b	pehalf of the entity named belo
1. The entity is a: profit corpo	protion	nonprefit corporation	professional limite	ad liability company
business tr		nonprofit corporation professional limite limited liability company statutory trust		o liability company
				norotion
limited part		Itd cooperative association	public benefit corp	Joration
non-profit I		professional service corporation	other	
2. The name of the entity is A Boy a		the name on vectoral with the	Convetery of State \	·
· ·		the name on record with the	Secretary of State.)	
3. The name of the entity to be used i	n Kentucky is (if applicable):	(Only provide if "real name"	' is unavailable for use; othe	nrwise leave blank \
4. The state or country under whose I	aw the entity is organized is		is unavailable for use, office	iwise, leave blank.)
5. The date of organization is 07/22/	aw the entity is organized is_ /2015	and the period of du	ration is	
5. The date of organization is otter.	2010	and the period of du		s considered perpetual.)
6. The mailing address of the entity's	principal office is		, , , , , , , , , , , , , , , , , , , ,	,
401 S Glenoaks Ste 205		Burbank	CA	91502
Street Address		City	State	Zip Code
7. The street address of the entity's re	egistered office in Kentucky i	s		
421 West Main Street		Frankfort	KY	40601
Street Address (No P.O. Box Number	ers)	City	State	Zip Code
and the name of the registered agent a	at that office is Corporation	n Service Company		
8. The names and business addresse			tors managers trustees or ge	eneral partners).
Steven Gundler	401 S Glenoaks Ste		CA	91502
Name	Street or P.O. Box	City	State	Zip Code
Colman Domingo	401 S Glenoaks Ste		CA State	91502 7in Code
Name Raul Domingo	401 S Glenoaks Ste	City 205 Burbank	State CA	Zip Code 91502
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporati	ore states or territories of the			
10. I certify that, as of the date of filing	this application, the above-r	named entity validly exists under	the laws of the jurisdiction of i	ts formation.
11. If a limited partnership, it elects to	be a limited liability limited p	artnership. Check the box if app	olicable:	
12. If a limited liability company, che		d: 🔲		
13. This application will be effective up	on filing.			
Steven C. Hundle	V.	Steven Gundler, CFO	01-02	-2025
Signature of Authorized Representative		Printed Name & Tit		Date
I, Corporation Service Compar	١٧	consent to some as the	registered agent on behalf of t	the husiness entity
Type/Print Name of Registered Agent	1 7	, consent to serve as the	registered agent on bendil of t	ine publiness cittity.
-			Assistant Secretary	1/0/2025
Stephen Chandler		oration Service Company		1/8/2025
Signature of Registered Agent	Printe	d Name	Title	Date

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

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 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 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 chairman 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.

WHO MAY SIGN

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

NUMBER OF CODIES

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

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, 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.