

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

mstratton P101

Elaine N. Walker, KY Secretary of State

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authorit (Foreign Business Er	,		FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	nd KRS 271B, 273, 274,275, 362 an for that purpose, submits the following	d 386 the undersigned ng statements:	d hereby applies for authori	ity to transact business in Kentuck
business t	rust (KRS 386). Iimited lia tnership (KRS 362).	corporation (KRS 27: ability company (KRS		service corporation (KRS 274). imited liability company (KRS 275)
2. The name of the entity is Biltmore Inspirations Company  (The name must be identical to the name on record with the Secretary of State.)				
	Contucky is (if applicable):	-	·	
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 North (	Carolina		
5. The date of organization is Septer	nber 20, 2010			
5. The date of organization is		_and the period of du	(If left b	lank, the period of duration
6. The mailing address of the entity's prin	ncipal office is		is o	considered perpetual.)
One North Pack Square		Asheville	NC	28801
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
400 West Market Street, Su	ite 1800	Louisville	, KY	40202
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at the	<sub>hat office is</sub> National Registe	red Agents, Ind	3.	
8. The names and business addresses of				general partners):
Stephen Watson, Chief Financial Officer 1	North Pack Square	Asheville	NC	28801
	Street or P.O. Box	City	State	Zip Code
William Amhurst Cecll, Jr, Director	1 North Pack Square	Asheville	NC	28801
	Street or P.O. Box	City	State	Zip Code
	1 North Pack Square	Asheville	NC	28801
Name S	Street or P.O. Box	City	State	Zip Code
<ol><li>If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.</li></ol>	states or territories of the United Sta	than one half (1/2) of tes or District of Colu	f the directors, and all of the mbia to render a profession	e officers other than the secretary nal service described in the
10. I certify that, as of the date of filing this	s application, the above-named entity	validly exists under t	the laws of the jurisdiction o	of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited partnersh	nip. Check the box	if applicable:	
12. This application will be effective upon The effective date or the delayed effective	filing, unless a delayed effective date date cannot be prior to the date the	and/or time is provid application is filed. Ti	he date and/or time is	ived effective date and/or time)
(EMII) by	Steph	nen Watson, Chief	•	lyed effective date and/or time)
Signature of Authorized Representative	n olepi	Printed Name & Title		12/13/2011
National Registered Agents	s, Inc.	sent to serve as the m	egistered agent on behalf o	of the husiness entity
Type/Print Name of Registered Agent	Ø C			•
Muda Har	Linda Stauff	er	Assistant Secreta	
Signature of Registered Agent (04/11)	Printed Name		Title	Date

(04/11)