

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1441575.06
Michael G. Adams
Secretary of State
Received and Filed
3/26/2025 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 **limited liability company**.

2. The name of the entity is

Starving Artist Hospitality

3. The name of the entity to be used in Kentucky is

STARVING ARTIST HOSPITALITY LLC

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

5. The date of organization is **9/10/2020** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

3637 Washington Ave, Cincinnati, OH 45229

7. The name of the initial registered agent is

Brandon Martin

and the street address of the entity's initial registered office in Kentucky is

401 Greenup St, Covington, KY 41011

8. The names and business addresses of the entity's representatives:

Member	Brandon Martin	3637 Washington Ave, Cincinnati, OH 45229
Member	Anthony Notaro	1323 Victor Ave, Cincinnati, OH 45255

9. This entity is managed by **Members**.

10. This filing will be effective on **Wednesday, March 26, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Owner: Anthony Notaro**

I, **Brandon Martin**, consent to serve as the Registered Agent on
Page 1 of 2

behalf of this entity on Wednesday, March 26

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