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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/6/2022 12:31 PM Fee Receipt: \$90.00

dwilliams ADD

## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Pursuant to the provisions of KRS 14A and KRS 2718, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in KG on behalf of the entity name balow and, for that purpose, submits the following statements:          1. The entity is a:       profit corporation (KRS 271)       monprofit corporation (KRS 273)       professional service corporation (KRS 274)         2. The entity is a:       profit corporation (KRS 271)       monprofit corporation (KRS 273)       professional service corporation (KRS 274)         2. The name of the entity is a lished balance to compare the second with the Secretary of State.)       intride partnership (KRS 382).       intride partnership (KRS 382).         2. The name of the entity is balance to use of the second with the Secretary of State.)       intride partnership (KRS 373)       intride partnership (KRS 382).         3. The name of the entity is organized is <u>Delaware</u> .       (Orby provide if "real name" is unavailable for use; otherwise, issue blank.)         4. The state or county under whose law the entity is organized is <u>Delaware</u> .       intride partnership (KRS 382).         6. The maing address of the entity's principal office is 10780 Piles Pd       Grig State       Zip Code         10780 Piles Pd       KY       40601       State       Zip Code         210780 Piles Pd       KY       40601       State       Zip Code         3. The name of the entity's registered office in Kantucky is       State       Zip Code       State       Zip Code	Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Auth (Foreign Business Entit			FBE
1. The entity is a:       profit corporation (KRS 2718)       monprofit corporation (KRS 273)       professional lenited liability company (KRS 275)         1. The entity is a:       profit corporation (KRS 271)       professional lenited liability company (KRS 275)       professional lenited liability company (KRS 275)         2. The name of the entity is Blakenbaker Pizza, LLC       cooperative assn. (KRS)       inincorporated association         3. The name of the entity is Blakenbaker Pizza, LLC       (Professional lenited liability company (KRS 275)       inincorporated association         4. The state or country under whose law the antity is organized isDelaware       and the period of duration is _June 3, 2022       and the period of duration is _June 3, 2023         6. The editing address of the entity's principal office is 10760 Pisa Rd       West Paim Beach       Florida       33414         7. The street address of the entity's representatives (scoretary, officers and duration is _June 3, 2022       and the name of the registered office is 10760 Pisa Rd       KY       40601         7. The street address of the entity's representatives (scoretary, officers and duration, street 2, 006e       Street 40       Gasta       20 Code         8. The name address addresse of the entity's representatives (scoretary, officers and all office in and gasta with the secretary of files and the office or 0, 0 Bax       City       Street 20 Code         9. If a professional limited is address of the entity is representatives (scoretary, officers and all o	Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	nd KRS 271B, 273, 274,275, 362 for that purpose, submits the follo	and 386 the undersigned he	ereby applies for author	rity to transact business in Kentuck
2. The name of the entity is       Blakenbacker Plaza, LLC       Entition of the entity to be used in Kentucky 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 Delaware       and the period of duration is June 3. 2022         5. The date of organization is _June 3. 2022       and the period of duration is _June 3. 2023         6. The mailing address of the entity's principal office is 10760 Plas Rd       West Palm Beach       Florida       33414         22. West Madress       City       State       Zip Code         7. The streat address of the entity's registered office in Kentucky is 421. West Madress       Yest Palm Beach       Florida       33414         24. West Madress       KY       40601       State       Zip Code         8. The names and business addresses of the entity's registered office in Kentucky is 421. West Madress (No P.O. Bex Numbere)       City       State       Zip Code         8. The name and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon       10760 Plas Rd       West Palm Beach       Florida       39414         Name       Street or P.O. Bex       City       State       Zip Code         Name       Street	1. The entity is a : profit corporate business trust limited partner	ion (KRS 271B) (KRS 386). ship (KRS 362).	ît corporation (KRS 273) iability company (KRS 275) erative assn. (KRS)	professional li	mited liability company (KRS 275)
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 _lune 3. 2022       and the period of duration is _lune 3. 2023.         (If left blank, duration is _lune 3. 2023       (If left blank, duration is considered peretual.)         0. The mailing address of the entity's principal office is       Oty       State       Zup Code         7. The street address of the entity's registered office in Kentucky is       421 West Main Street       KY       40601         21. West Main Street       Street address of the entity's regresentatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon       10760 Plas Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         1.1 for inited partnership, it elects to be a limited ibility initing address of the opplication.       10 fto directors the astreeme and loceno decode the neastreeme and locens of the oppo	2. The name of the entity is Blakenbak (The name	er Plaza, LLC			
4. The state or country under whose law the entity is organized is Delaware 5. The date of organization is June 3. 2022 and the period of duration is June 3. 2023 (if left blank, duration is considered perpetual.) 10760 Pisa Rd Street Address City Frankfort KY 40601 Street Address City State Zip Code T. The street address of the entity's registered office in Kentucky is 421 West Main Street Zip Code T. The street address of the entity's registered office in Kentucky is 421 West Main Street T. The street address of the entity's registered office in Kentucky is 421 West Main Street T. The street address of the entity's registered office is Corporation Service Company T. The street address of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Todd Gordon 10760 Pisa Rd West Palm Beach Florida 33414 Street Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box C		entucky is (if applicable):			
5. The date of organization is June 3. 2022       and the period of duration is June 3. 2023         6. The mailing address of the entity's principal office is       (If bit blank, duration is considered parpetual.)         10760 Piss Rd       West Palm Beach       Florida       33414         21 West Main Street       KY       40601         Street Address       Frankfort       KY       40601         22 West Main Street       Frankfort       KY       40601         22 West Main Street       Florida       33414         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is       Corporation Service Company       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         0.1 certify that, as of the date of fling this application, the above-named antity validy exists under the secretary and treasure are licensed in comore states or tertories of the United States or Detector of States       Zip Code         1.1	4. The state or country under whose law	the entity is organized is Delaw	provide if "real name" is unav are	ailable for use; otherwis	e, leave blank.)
6. The mailing address of the entity's principal office is       (ff eff blank, duration is considered perpetual.)         10760 Pisa Rd       West Palm Beach       Florida       33414         Street Address       City       State       Zip Code         7. The street address of the entity's registered office in Kentucky is       KY       40601       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         10. I certify that, as of the date of fling this application, the above-named entity validly exists under the atexagent of purpose of the corporation.       10.1 certify that, as of the date of fling this application, the above-name of end/or street of the corporation.       11.1 fa limited partnership, it elects to be a limited liability limited partnership.       Check the box if applicabl				on is June 3 2023	······································
10760 Pisa Rd       West Palm Beach       Florida       33414         Street Address       City       State       Zip Code         7. The street address of the entity's registered office in Kentucky is       421 West Main Street       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is Corporation Service Company       8.       Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         10. I certify that, as of the date of filing this application, the show-named entity validy v	6. The mailing address of the entity's prin	icinal office is		(if left blank, duration is	s considered perpetual.)
Street Address       City       State       Zip Code         7. The street address of the entity's registered office in Kentucky is       421 West Main Street       KY       40601         Street Address (No P.O. Box Numbers)       Frankfort       KY       40601         and the name of the registered agent at that office is Corporation Service Company       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         14 professional service coporation, all the individual anarcholders, not tess than one half (1/2) of the directors, and all of the officers other th	10760 Pisa Rd		West Palm Beach	Florida	33/1/
421 West Main Street       Frankfort       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is       Corporation Service Company       Street or P.O. Box       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         10.1 certify that, as of the date of filing this application, the above-named entify validly exists under the laws of the oprication.       10.1 certify that, as of the date of filing this application, the above-named entify validly exists under the laws of the correction.       11.1 fa limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:       12.1 Limited partnership, it elects to be a limited iability limited partnership. Check the box if papplicable:       12.1 fa limited partnership,	Street Address			and the second s	· · ·
Street Address (No P.O. Box Numbers)       100001       10000       10000         Bits       Zip Code         and the name of the registered agent at that office is _Corporation Service Company       Street or P.O. Box       Florida       33414         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         10. I certify that, as of the date of filing this application, the above-named entity validy exists under the laws of the jurisdiction of its formation.       11. If a limited partnership, the lects to be a limited iability limited partnership. Check the box if applicable:       12         12. If a limited iability company, check box if manager-managed:       Image: Construction site of our business operates:       12         13. This application will be effective udate cannot be prior to the date the application is filed. The	7. The street address of the entity's regis	tered office in Kentucky is			
and the name of the registered agent at that office is Corporation Service Company       Exp Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Todd Gordon         10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         14       Intel diability company, check box if managen- managed if (12) of the directors, and all of the officers of the united States or bistric of Columbia to render a professional service described in the statement of purposes of the coproration.       10.1 certify that, as of the	421 West Main Street			KY	40601
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):         Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         10. I certify that, as of the				State	Zip Code
Todd Gordon       10760 Pisa Rd       West Palm Beach       Florida       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         One 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.       City       State       Zip Code         0.1 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.       City       State       Zip Code         1.1 fa limited liability company, check box if manager-managed:       Image: Signature       Image: Signature       Signature       Signature       Siste: Signate and/or time is provided.					
Name       Street or P.O. Box       Otion Pain Beach       Plottod       33414         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Aume       Street or P.O. Box       City       State       Zip Code         Street or P.O. Box       Image partinsthet particles the police	<ol> <li>The names and business addresses of</li> </ol>	the entity's representatives (secr	etary, officers and directors,	managers, trustees or	general partners):
Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         And the 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 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:       Image: Corporation.         12. If a limited liability company, check box if manager-managed:       Image: Corporation will be effective upon filing, unless a delayed effective date and/or time is provided.         13. This application will be effective date cannot be prior to the date the application is filed. The date and/or time is			West Palm Beach	Florida	33414
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 or nore 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 liability company, check box if manager-managed:       Image: Complete the following the applicable:       Image: Complete the following the applicable: </td <td>Name S</td> <td>treet or P.O. Box</td> <td>City</td> <td>Another and the second s</td> <td></td>	Name S	treet or P.O. Box	City	Another and the second s	
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 to 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 field by company, check box if manager-managed:         13. 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         Please indicate the Kentucky county in which your business operates:         County: <u>Defferson</u> To complete the following, please shade the box completely.         Please indicate the size of your business:         X Small (Fewer than 50 employees)       Please indicate whether any of the following make up more than fifty percent (50%) of your business ownersh         Women-Owned       Veteran Owned       Minority Owned         Harge (S0 or more employees)       Please indicate whether any of the following make up more than fifty percent (50%) of your business ownersh         Agriculture       Mining <t< td=""><td>Name S</td><td>treet or P.O. Box</td><td>City</td><td>State</td><td>Zip Code</td></t<>	Name S	treet 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 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:	Name S	treet or P.O. Box	City	State	Zin Code
County: Jefferson         To complete the following, please shade the box completely.         Please indicate the size of your business:       Please indicate whether any of the following make up more than fifty percent (50%) of your business ownersh         X small (Fewer than 50 employees)       Women-Owned       Veteran Owned       Minority Owned         Large (50 or more employees)       Women-Owned       Veteran Owned       Minority Owned         Please indicate which of the following best describes your business:       Construction         Agriculture       Mining       Services       Construction         Wholesale Trade       Retail Trade       Manufacturing       X Finance, Insurance, Real Estate         Public Administration       Transportation, Communications, Electric, Gas, Sanitary Services       Environment of the following Services	10. I certify that, as of the date of filing this 11. If a limited partnership, it elects to be a 12. If a limited liability company, check t 13. This application will be effective upon The effective date or the delayed effective	application, the above-named er limited liability limited partnership ox if manager-managed: illing, unless a delayed effective d date cannot be prior to the date t	ntity validly exists under the l c. Check the box if applicat	of purposes of the corporat aws of the jurisdiction on the:	ion.
Please indicate the size of your business:       Please indicate whether any of the following make up more than fifty percent (50%) of your business ownersh         Small (Fewer than 50 employees)       Women-Owned       Weteran Owned       Minority Owned         Large (50 or more employees)       Women-Owned       Veteran Owned       Minority Owned         Please indicate which of the following best describes your business:       Agriculture       Mining       Services         Agriculture       Mining       Services       Construction         Wholesale Trade       Retail Trade       Manufacturing       X         Public Administration       Transportation, Communications, Electric, Gas, Sanitary Services	Please indicate the Kentucky county in white County: Jefferson	:h your business operates:			
X Small (Fewer than 50 employees)       Women-Owned       Women-Owned       Minority Owned         Please indicate which of the following best describes your business:       Minority Owned       Minority Owned         Agriculture       Mining       Services       Construction         Wholesale Trade       Retail Trade       Manufacturing       X Finance, Insurance, Real Estate         Other       Other       Other       Description					
Agriculture       Mining       Services       Construction         Wholesale Trade       Retail Trade       Manufacturing       X       Finance, Insurance, Real Estate         Public Administration       Transportation, Communications, Electric, Gas, Sanitary Services       Services	X Small (Fewer than 50 employees)	Please indicate whether	any of the following make up Veteran Owned	more than fifty percent ( ority Owned	(50%) of your business ownership:
Wholesale Trade     Retail Trade     Manufacturing     X     Finance, Insurance, Real Estate       Public Administration     Transportation, Communications, Electric, Gas, Sanitary Services	Please indicate which of the following best	describes your business:			
Todd Gordon Manager	Wholesale Trade Retail Tr Public Administration Transport	ade Manufacturing	X Finance, Insurance	e, Real Estate	
		To	dd Gordon Manager	luna.	
Signature of Authorized Representative	signature of Authorized Representative	10		Jun	
Corporation Service Company		, c		tered agent on behalf o	
Type/Print Name of Registered Agent Corporation Service Company Assistant Secretary 06/06/2022		$(  \ell$			