



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

Certificate of Authority  
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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:

☐ profit corporation

☐ business trust

☐ limited partnership

☐ non-profit llc

☐ nonprofit corporation

☒ limited liability company

☐ ltd cooperative association

☐ professional service corporation

☐ professional limited liability company

☐ statutory trust

☐ other

2. The name of the entity is RCG-Ashland PM, LLC  
(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable):  
(Only provide if name on line 2 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 03/04/2025 and the period of duration is Perpetual  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
3060 Peachtree Road, NW, Suite 400AtlantaGA30305  
Street AddressCityStateZip Code

7. The street address of the entity's registered office in Kentucky is  
421 West Main StreetFrankfortKY40601  
Street Address (No P.O. Box Numbers)CityStateZip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):				
RCG-Momentum I, LLC	3060 Peachtree Road, NW, Suite 400	Atlanta	GA	30305
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

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. If a limited liability company, check the box if manager-managed: ☒

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: ☐

DocuSigned by:

214E4363DB454D7

Wilkes J. Graham, Authorized Person

March 11, 2025 | 2:10 PM EDT

Signature of Authorized Representative

Printed Name & Title

Date

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

Michelle Vannoy

Corporation Service Company

Asst. VP

03/12/2025

Signature of Registered Agent

Printed Name

Title

Date