

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/7/2025 1:29 PM Fee Receipt: \$90.00

Division of Business Filings	Certificate of Authority	Fee Receipt: \$90.00
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Entity)	
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow	- 030 the undersigned hereby applies for authority to transact bung statements:	usiness in Kentucky on behalf of the entity named belo
1. The entity is a: profit corpora business trus	limited liability company	professional limited liability company statutory trust
limited partne	rship Ltd cooperative association	other

Dusine Dusine	ess trust	ilmited liability company	statutory trust	
	· · · —	Itd cooperative association	other	
non-p	orofit IIc	professional service corporation	n	
2. The name of the entity is JM&	J LEASING LOUISVILLE, LLC			
,	(The name must be identical to	the name on record in the s	tate where the entity was f	ormed.)
3. The name of the entity to be u	used in Kentucky is (if applicable):	(Only provide if name on li	no 2 is unavailable for use	· otherwise leave blank)
4. The state or country under wh	nose law the entity is organized is_			
5. The date of organization is FE	BRUARY 14, 2025	and the period of d		ation is considered perpetual.)
6. The mailing address of the entity's principal office is 100 THIELMAN DRIVE		BUFFALO	NEW YORK	14206
Street Address		City	State	Zip Code
	ty's registered office in Kentucky i			40000
101 NORTH SEVENTH STREET		LOUISVILLE	KY	40202
Street Address (No P.O. Box Numbers)		City	Sta	te Zip Code
and the name of the registered a	gent at that office is CORPORATE	CREATIONS NETWORK INC.		.
8. The names and business add	resses of the entity's representative	ves (secretary, officers and dire	ctors, managers, trustees or	general partners):
JERRY R. REINHART	100 THIELMAN DRIVE	BUFFALO	NEW YORK	14206
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
	ration, all the individual sharehold e or more states or territories of the poration.			
10. I certify that, as of the date of	f filing this application, the above-r	named entity validly exists unde	r the laws of the jurisdiction	of its formation.
11. If a limited partnership, it elec	cts to be a limited liability limited pa	artnership. Check the box if ap	pplicable:	
12. If a limited liability company,	check the box if manager-manage	ed: 🔳		
·	norized vapor products as defined	by KRS 438.305(2). Check the	box, if applicable:	
Jerry R. Reinhart		JERRY R. REINHART, MAN	IAGER	
Signature of Authorized Representa	ative	Printed Name & T		Date
CORPORATE CREATIONS NETV	WORK INC.	consent to serve as the	e registered agent on behalf	of the business entity
Type/Print Name of Registered A	aont	, 551155111 15 55176 45 111	2. 25.2.2.2.2 agont on bondin	5. a.s 240m 1000 onting.
	gent			
+1 811	_	- Edwards	Coordel Coorde	00/07/0005
Signature of Registered Agent	Tasha	a Edwards	Special Secretary Title	03/07/2025 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.

AUTHORIZED VAPOR PRODUCT

Means a vapor product containing nicotine for which the manufacturer has obtained: (a) Authorization from the FDA; or (b) A safe harbor certification.

WHO MAY SIGN

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

NUMBER OF COPIES

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.