

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/16/2023 10:17 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS and, for that purpose, submits the f		reby applies for authority	to transact business in Ker	ntucky on behalf of the entity named belo
business trust / limited lia		nonprofit corporation limited liability company ltd cooperative associati	statuto	sional limited liability company ry trust
non-pro		professional service corp		
2. The name of the entity is STRAT			'	
	The name must be identical t		vith the Secretary of State	.)
3. The name of the entity to be use	ed in Kentucky is (if applicable)	:(Only provide if "rea	ıl name" is unavailable for	r use; otherwise, leave blank.)
4. The state or country under whos	se law the entity is organized is	,		
5. The date of organization is $\frac{12/20}{12}$			od of duration is	
			(If left blank,	duration is considered perpetual.)
 The mailing address of the entity 119 Tresana Blvd., Unit 47 	y's principal office is	lupitor	FL	33478
Street Address		Jupiter City	State	Zip Code
		•	State	Zip Code
7. The street address of the entity's	s registered office in Kentucky			40601
421 West Main Street Street Address (No P.O. Box Nur	mhore)	Frankfort	City	State Zip Code
			Oity	State Zip Code
and the name of the registered age	nt at that office is Michael A. B	<u>Barr</u>		
8. The names and business address	sses of the entity's representat	ives (secretary, officers a	nd directors, managers, tru	stees or general partners):
Kimberly Discenza, Manager	119 Tresana Blvd., Unit 47	Jupiter	FL	34478
Name	Street or P.O. Box	City	State	Zip Code
Brittany Russell, Manager	1450 Carradale Lane	Mount Ple		29466
Name	Street or P.O. Box	City	State	Zip Code
		•		
Name	Street or P.O. Box	City	State	Zip Code
	r more states or territories of th			all of the officers other than the secretar rofessional service described in the
10. I certify that, as of the date of fil	ing this application, the above-	named entity validly exist	ts under the laws of the juris	diction of its formation.
11. If a limited partnership, it elects	to be a limited liability limited p	partnership. Check the b	ox if applicable:	
12. If a limited liability company, o	heck box if manager-manage	ed:		
13. This application will be effective				
Kimberly PZ	Piscenza	Kimberly Discenza, M	lanager	8/7/2023
Signature of Authorized Representati	ve O	Printed Na	ame & Title	Date
I, Michael A. Barr Type/Print Name of Registered Age	nt	, consent to serve	e as the registered agent on	behalf of the business entity.
Michael A. Ba	Mich	ael A. Barr	President	10-13-2023
Signature of Registered Agent	Print	ed Name	Title	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.

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 154, 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.