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Michael G. Adams				
Kentucky Secretary of State				
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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/23/2024 12:29 PM Fee Receipt: \$90.00				
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## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		icate of Authority n Business Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	. – 030 the undersigned hereb wing statements:	by applies for authority to transa	ct business in Kentucky on	behalf of the entity named below
1. The entity is a: profit corpor	ration L n	onprofit corporation	professional limi	ted liability company
business tru		nited liability company		
Limited partr		I cooperative association	public benefit co	proration
non-profit lic		ofessional service corporation	other	-
	Y BAR HOLDINGS LLC	•		
	and a second	he name on record with the S	ecretary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):			
	ě	(Only provide if "real name"	is unavailable for use; oth	ierwise, leave blank.)
4. The state or country under whose la	we and originally to degree on the	Florida		*****
5. The date of organization is02/06/2	2023	and the period of dur	ation is Perpetual	Is considered perpetual.)
6. The mailing address of the entity's p	principal office is		(ii leit plank, duration	is considered perpetual.)
4500 S. Pleasant Valley Road, #10		Austin	тх	78744
Street Address	95699999999999999999999999999999999999	City	State	Zlp Code
7. The street address of the entity's re-	aistered office in Kentucky is			
421 West Main Street	<b>,</b>	Frankfort	KY	40601
Street Address (No P.O. Box Numbe	rs)	City	State	Zip Code
and the name of the registered agent a	t that office is Corporation	Service Company	-	•
8. The names and business addresses			ore managers toustees or (	reneral nartners):
Casey Bales , Manager	4500 S. PLEASANT VALLEY		TX	78744
Name Brady Batas Managar	Street or P.O. Box	City	State TX	Zip Code 78744
Brady Bates, Manager	4500 S. Pleasant Valley Street or P.O. Box	City	State	Zip Code
Nalla	Suggior F.O. DOX	ony	Villo	And a get the set set we we
Namo	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	ore states or territories of the	s, not less than one half (1/2) of United States or District of Colur	the directors, and all of the mbla to render a profession	officers other than the secretary al service described in the
1D. I certify that, as of the date of filing	this application, the above-na	med entity validly exists under I	he laws of the jurisdiction o	f its formallon,
11. If a limited partnership, it elects to t	be a limited liability limited par	tnership. Check the box if appl	licable:	
12. If a limited liability company, chec	ck box if manager-managed			
13. This application will be effective up	on filing.			
1 Auto				. All same
Compos		Casey Bates , Manager	Construction of the second s	ist 21, 2024
Signature of Authorized Representative		Printed Name & Titl	0	Date
,Corporation Service Con	mpany		egistered agent on behalf o	of the business entity.
Type/Print Name of Registered Agent				
Budat Sunde	Lind	a J. Snook	Assistant Secretary	y 08/22/2024

BudajErine\_ Printed Name Title Signature of Registered Agent

08/22/2024 Date

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