



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/19/2025 10:53 AM
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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 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is 11701 Dixie Hwy 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 South Carolina

5. The date of organization is March 13, 2025 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
8910 Two Notch Road, 5th Floor Columbia SC 29223
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Paracorp Incorporated

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

William H. Stern	8910 Two Notch Road, 5th Floor	Columbia	SC	29223
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: ☐

Brett D. Budlong	Digitally signed by Brett D. Budlong Date: 2025.03.17 14:58:41 -04'00'	Brett D. Budlong, Legal Counsel/Organizer	3/13/25
Signature of Authorized Representative		Printed Name & Title	Date

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

SEE ATTACHED			
Signature of Registered Agent	Printed Name	Title	Date

STATE OF KENTUCKY

REGISTERED AGENT CONSENT FORM

DATE: 03/18/2025

COMPANY NAME: 11701 Dixie Hwy LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
828 Lane Allen Road, Suite 219
Lexington, KY 40504

Paracorp Incorporated hereby accepts appointment as registered agent for and on behalf of the above-referenced company.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated