

## **COMMONWEALTH OF KENTUCKY** N / Α. . \_ \_ \_

1223811.09

Kentucky Secretary of State

Michael G. Adams

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<ul> <li>6. The mailing address of the entity's principal office is         <ul> <li>793 Ft Mill Hwy</li> <li>Fort Mill</li> <li>City</li> </ul> </li> <li>7. The street address of the entity's registered office in Kentucky is         <ul> <li>421 West Main Street</li> <li>Frankfort</li> <li>Street Address (No P.O. Box Numbers)</li> <li>and the name of the registered agent at that office is Corporation Service Company</li> <li>8. The names and business addresses of the entity's representatives (secretary, officers and directors, managed agents)</li> <li>Jalal Nassri</li> <li>793 Ft Mill Hwy</li> <li>Fort Mill</li> <li>City</li> </ul> </li> <li>8. The names and business addresses of the entity's representatives (secretary, officers and directors, managed agents)</li> <li>Jalal Nassri</li> <li>793 Ft Mill Hwy</li> <li>Fort Mill</li> <li>City</li> <li>Fort Mill</li> <li>City</li> <li>Street or P.O. Box</li> <li>City</li> <li>Fort Mill</li> <li>Street or P.O. Box</li> <li>City</li> <li>Street or P.O. Box</li> <li>City</li> </ul> <li>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 more states or territories of the United States or District of Columbia to render a professional service described in</li>	plies for authority t	ceipt: \$90.00
on behalf of the entity named below and, for that purpose, submits the following statements:          1. The entity is a :       Image: profit corporation (KRS 271B)       Image: nonprofit corporation (KRS 273)         1. The entity is a :       Image: profit corporation (KRS 271B)       Image: nonprofit corporation (KRS 273)         1. The entity is a :       Image: profit corporation (KRS 386).       Imitted liability company (KRS 273)         1. The entity is an on-profit llc (KRS 275)       Image: profit corporation (KRS 275)       Image: profit corporation (KRS 275)         2. The name of the entity is       Unique USA, Inc .       Image: profit corporation (KRS 275)       Image: profit corporation (KRS 275)         3. The name of the entity to be used in Kentucky is (if applicable):       Image: provide if "real name" is unavailable         4. The state or country under whose law the entity is organized is South Carolina       South Carolina         5. The date of organization is 10/26/1999		
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Name         Street or P.O. Box         City           Jasmine Karasek         793 Ft Mill Hwy         Fort Mill           Name         Street or P.O. Box         City           Jonathan Nassri         793 Ft Mill Hwy         Fort Mill           Name         Street or P.O. Box         City           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 more states or territories of the United States or District of Columbia to render a professional service described in the statement of purp	-	
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more states or territories of the United States or District of Columbia to render a professional service described in the statement of purp		
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 it	ts formation.
11. If a limited partnership, it elects to be a limited liability limited partnership. $$ Check the box if applicable: $$ $$	l	
12. If a limited liability company, check box if manager-managed:		
13. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date ar	d/or time is	
Please indicate the Kentucky county in which your business operates: County: N/A		
To complete the following, please shade the box completely.		
Please indicate the size of your business: Please indicate whether any of the following make up more t	han fifty percent (50	%) of your business ownership:
Small (Fewer than 50 employees)		··, ·· , ·· , ··· ····················
✓Large (50 or more employees)		
Please indicate which of the following best describes your business:		
Agriculture Mining Services Construction	<b>-</b>	
Wholesale Trade     Retail Trade     Manufacturing     Finance, Insurance, Rea       Public Administration     Transportation, Communications, Electric, Gas, Sanitary Services	Estate	
Jasmine Karasek ,CFO	6/30/2	2022
Signature of Authorized Representative Printed Name & Title		Date
, consent to serve as the registered	agent on behalf of t	
Type/Print Name of Registered Agent	-	-
	stant Secretary	
Signature of Registered Agent Printed Name Title		Date
(1/20)		