

Done

sa.www4.irs.gov



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Your EIN

Your EIN Details

EIN assigned	41-2725623
Legal name	THROTTLE THERAPY NATION LLC
Confirmation letter	<div>This confirmation letter is your official IRS notice and contains important information regarding your EIN:</div> <div>Download EIN confirmation Letter [PDF]</div>

Summary of your information

Legal Structure

Organization Type	MULTI MEMBER LIMITED LIABILITY COMPANY (LLC)
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Summary of your information

Legal Structure

Organization Type	MULTI MEMBER LIMITED LIABILITY COMPANY (LLC)
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Limited Liability Company (LLC) Information

Legal name	THROTTLE THERAPY NATION LLC
County	FAYETTE
State/Territory	KY
Start date	JULY 2025
Closing month of accounting year	DECEMBER (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete Form 1128)
State/Territory where articles of organization are (or will be) filed	KY





KY TAXPAYER PORTAL

from the Kentucky Department of Revenue

[Home](#) [Profile ▾](#) [Account ▾](#) [Transactions ▾](#)

Welcome, MERCEDES

You have **0** incomplete documents

You last logged in on

Tuesday, 11/25/2025 02:26 PM

User Profile Summary

MERCEDES BENTLEY
BENTLEYGOALSOFFROAD@THROTTLE
THERAPYNATION.COM
TU00001647380

Taxpayer Information

THROTTLE THERAPY NATION, LLC
472 SKYVIEW LN
LEXINGTON, KY 40511-8810
UNITED STATES

[Select a Taxpayer](#)

Tax Accounts

Account Type	Account ID	Address
SALES AND USE TAX/ SALES AND USE FILING	Account ID: 620730088	472 SKYVIEW LN, LEXINGTON, KY 405118810
CORPORATE INCOME LLET	Account ID: 620730089	472 SKYVIEW LN, LEXINGTON, KY 405118810

Showing 1 to 2 of 2 entries

Outstanding Debts

No Outstanding Debts.

Due to recent system upgrades this portal account may not reflect all of your debt information. For complete debt information, please contact the Division of Collection.

Important—Certificate not
valid unless completed.

RESALE CERTIFICATE

Check Applicable Block

Blanket



Single Purchase



I hereby certify that _____ Throttle Therapy Nation, LLC

Name of Business

Address

holds a valid Sales and Use Tax Permit, Account No. 620730088, issued pursuant to the sales and use tax law and is engaged in the business of selling, leasing or renting, industrial processing or manufacturing the following:

I further certify that the tangible personal property, digital property, or (effective on or after 7/1/2019) taxable services enumerated in KRS 139.200(g)-(q) described herein which I shall purchase from:

Name of Seller

Address

will be resold in the regular course of business, or leased or rented, as provided by Regulation 103 KAR 28:051, or used, as provided in KRS 139.470(9), in the manufacture or industrial processing of tangible personal property or digital property which will be resold. In the event any property or service purchased under this certificate is used for any purpose other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, it is understood that I am required by law to report and pay the tax measured by the purchase price of such product. Description of product to be purchased:

Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

Mercedes Bentley

Digitally signed by Mercedes Bentley
Date: 2020.11.20 13:08:04 -0500

Authorized Signature (Owner, Partner or Corporate Officer)

Title

Date

CAUTION TO SELLER: Contractors or other persons registered under a consumer number in the 900,000 series may not issue a resale certificate for any purchase. Sellers accepting certificates from such persons will be held liable for the sales or use tax.

NOTE: Any person who makes improper use of this certificate is subject to such penalties as provided by law including the criminal provisions of KRS 139.990(1).

51A105 (7-19)



DEPARTMENT OF REVENUE
Frankfort, Kentucky 40620



Kentucky Secretary of State

Michael G. Adams



Congratulations, you have successfully formed a new Kentucky limited liability company!

You can print this page as verification that the Articles of Organization were filed and as a receipt for your payment.

Please review KRS Chapter 275 (“the Kentucky Limited Liability Company Act”), which governs your LLC, and discuss any questions with your attorney. The particular rights and duties of membership in your LLC are provided separately in an operating agreement, which is not filed with the Kentucky Secretary of State. [Click Here](#)

Your first annual report to the Kentucky Secretary of State will be due no later than 06/30/2026 and each year after that to remain in good standing.

Next Steps Checklist:

- 1) File a certificate of assumed name (DBA) if you plan to transact business using any name other than the exact legal name [Click Here](#)
- 2) Obtain a federal employer identification (FEIN) number from the IRS [Click Here](#) and, if applicable, file an application for 501(c) tax-exempt status [Click Here](#)
- 3) Contact the Kentucky Department of Revenue to establish state tax accounts [Click Here](#)
- 4) Review Kentucky local occupational license fee information by county and city [Click Here](#)
- 5) Review federal subject/industry index to identify applicable federal regulatory agency [Click Here](#)
- 6) Review regulations and licensing requirements by applicable Kentucky agency [Click Here](#)
- 7) Contact county clerk in the county where transacting business to review ordinances for permit requirements [Click Here](#)
- 8) Search municipal listing and contact city officials for any additional permit or license requirements [Click Here](#)
- 9) Establish reserve accounts with the Kentucky Office of Unemployment Insurance [Click Here](#)
- 10) Confirm workers compensation coverage provided to Department of Workers Claims [Click Here](#)

***Explore opportunities for capital investment in your business and find support for your entrepreneurship with your regional Kentucky Innovation Hub promoted by the Cabinet for Economic Development [Click Here](#)

Remember to file your annual report, pay your taxes, maintain regulatory compliance, and **good luck!**

Click this link to view the file created for this Articles of Organization.

Filing Information:

Company ID: 1516452.06.99999
Company's Name: THROTTLE THERAPY NATION LLC
Filing Date: Tuesday, November 25, 2025
Filing Fee: \$40.00
You paid using: TPE Online Credit/Debit Card.
Accounting Payment ID: 8205953
TPE Cart ID: bee2f2d4-6569-4ac3-9e77-4722ebfc2134
Signature:

We have sent you an email of your receipt to this address: bentleygoalsoffroad@throttletherapynation.com

Click here to view your new company profile

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Kentucky Unbridled Spirit

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

Articles of Organization
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is:

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
---------------------------------------------------------	-------------	--------------	-----------------

and the name of the initial registered agent at that office is

Article III: The mailing address of the limited liability company's initial principal office is:

Street Address or Post Office Box Number	City	State	Zip Code
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Article IV: The limited liability company is to be managed by (must check one):

- _____ A. a manager(s).
_____ B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized nicotine vapor products as defined by KRS 438.305(2).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

		11.23.23
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
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I, _____, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signature of Registered Agent	Printed Name	Date
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FILING INSTRUCTIONS ARTICLES OF ORGANIZATION

NAME

The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." If you wish to abbreviate "limited company," you must use the abbreviation "LTD CO." A limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

REGISTERED AGENT AND REGISTERED OFFICE

Each business entity must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

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.

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.

MANAGEMENT

"Manager(s)" means that the limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a limited liability company.

VETERAN

Means any person who served in the United States Armed Forces, Reserves, or National Guard and was separated or released therefrom with an honorable discharge, discharge under honorable conditions, or general discharge under honorable conditions or any person who currently serves in the United States Armed Forces, Reserves, or National Guard.

VETERAN-OWNED BUSINESS

KRS 14A.1-070(45) defines a veteran-owned business as one that is at least 51% unconditionally owned by one or more veterans, or in the case of a publicly-owned business, at least 51% of the stock is unconditionally owned by one or more veterans. KRS 14A.2-165 states that the fee for this filing is waived if the business is veteran-owned.

AUTHORIZED NICOTINE VAPOR PRODUCT

Carefully review KRS 438.305(2) to determine whether this disclosure is applicable

WHO MAY SIGN

The document must be signed by an organizer.

ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM

Additional space is provided for the inclusion of any additional (non-mandatory) articles. Any additional articles shall be consecutive and begin with Article V.

NUMBER OF COPIES

When filing online with the FastTrack system, no copies are required. 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.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

FILING FEE

The filing fee for the document is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

1025 Capital Center Drive
Suite 201
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.