



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://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      public benefit corporation  
                                 non-profit llc      professional service corporation      other

2. The name of the entity is LD Acquisition Company 19 LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is DE

5. The date of organization is 05/30/2024 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
400 Continental Blvd. Ste. 500      El Segundo      CA      90245  
Street Address      City      State      Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512      Frankfort      KY      40601  
Street Address (No P.O. Box Numbers)      City      State      Zip Code

and the name of the registered agent at that office is C T Corporation System

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

<u>LMDV Issuer Co. LLC</u>	<u>400 Continental Blvd. Ste. 500</u>	<u>El Segundo</u>	<u>CA</u>	<u>90245</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Josef Bobek</u>	<u>400 Continental Blvd. Ste. 500</u>	<u>El Segundo</u>	<u>CA</u>	<u>90245</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Arthur P. Brazy, Jr.</u>	<u>400 Continental Blvd. Ste. 500</u>	<u>El Segundo</u>	<u>CA</u>	<u>90245</u>
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 box if manager-managed:

13. This application will be effective upon filing.

/s/Josef Bobek      Josef Bobek, Member      6/21/2024  
Signature of Authorized Representative      Printed Name & Title      Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: C T Corporation System /s/Kara Korosec      Kara Korosec      Asst. Secretary      6/21/2024  
Signature of Registered Agent      Printed Name      Title      Date