

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **limited liability company**.
2. The name of the entity is: **LUSS1, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **6/15/2023** and the period of duration is **perpetual**.
5. This entity is managed by Managers

**6. Principal Office**

950 S 10th St Ste 001  
Omaha, NE 68108

**7. Required Representatives**

<b>Manager</b>	Jon Crane	950 S 10th St Ste Omaha 001	NE	68108
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**8. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **JUDITH REYES, ASSISTANT SECRETARY**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, November 14, 2023

As the Authorized Representative, I, **Rachel C. Meyer**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Representative**