

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: **THS NATIONAL, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **North Carolina**.
5. The date of organization is **11/15/2010** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

1050 Classic Road  
Suite 100  
Apex, NC 27539

**8. Required Representatives**

Member	Blaine Swaringen	1050 Classic Road, Suite 100	Apex	NC	27539
Member	Brian Higgins	1050 Classic Road, Suite 100	Apex	NC	27539

**9. Registered Agent/Office**

National Registered Agents, Inc  
306 W. Main Street, Suite 512  
Frankfort, KY 40601

I, **Karen Fugelsang**, consent to sign for **National Registered Agents, Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, August 23, 2023

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