

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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: **STRATEGIC PRODUCT PARTNERS, 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 **Iowa**.
5. The date of organization is **3/21/2013** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

5465 Mills Civic Parkway
Suite 400B
West Des Moines, IA 50266

8. Required Representatives

Manager	Darren Wood	1014 Memorial Drive	Franklin	TN	37064
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9. Registered Agent/Office

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

I, **Detra Reed, Asst. Secretary**, consent to sign for **National Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, June 1, 2023

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