

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State**

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P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Authority siness Entity)		FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		olies for authority to transact	business in Kentucky	on behalf of the entity named below	
business trust limited lia limited lia limited lia limited partnership ltd cooper limited lia limite		fit corporation liability company perative association ional service corporation	professional limited liability company statutory trust other		
2. The name of the entity is OB Leasin	ng Company name must be identical to the na	me on record with the Sec	retary of State)		
3. The name of the entity to be used in		and on record with the occ	retary or otate.		
o. The name of the chity to be used in	(Only	y provide if "real name" is	unavailable for use;	otherwise, leave blank.)	
4. The state or country under whose law				·	
5. The date of organization is $10/09/20$	and the period of duration	_and the period of duration is Perpetual (If left blank, duration is considered perpetual.)			
6. The mailing address of the entity's pr	incipal office is		62.000		
1100 Gest Street		Cincinnati	OH	45203	
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	St	ate Zip Code	
and the name of the registered agent at	that office is CT Corporation	System			
8. The names and business addresses	of the entity's representatives (sec	retary, officers and directors	, managers, trustees o	or general partners):	
David Budig	1100 Gest Street	Cincinnati	OH	45203	
Name	Street or P.O. Box	City	State	Zip Code	
Melissa Budig Collins	1100 Gest Street	Cincinnati	OH	45203	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation.	e states or territories of the United				
10. I certify that, as of the date of filing th	nis application, the above-named e	entity validly exists under the	laws of the jurisdiction	n of its formation.	
11. If a limited partnership, it elects to be	a limited liability limited partnersh	ip. Check the box if applica	ble:		
12. If a limited liability company, check	box if manager-managed:				

I, C T Corporation System
Type/Print Name of Registered Agent

Signature of Authorized Representative

, consent to serve as the registered agent on behalf of the business entity.

13. This application will be effective upon filing.

Ternell Kearney

Assistant Secretary

1/24/2023

1/24/2023

Signature of Registered Agent

Printed Name

Title

Melissa Budig Collins, Secretary

Printed Name & Title

Date

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OB LEASING COMPANY, an Ohio corporation, Charter No. 4390396, having its principal location in Cincinnati, County of Hamilton, was incorporated on October 9, 2019 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of January, A.D. 2023.

Ohio Secretary of State

Fret fore

Validation Number: 202302403506