

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 **nonprofit corporation**.
2. The name of the entity is: **HOME PERFORMANCE COALITION, INC**
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 **District of Columbia**.
5. The date of organization is **6/17/2008** and the period of duration is **perpetual**.

**7. Principal Office**

1187 Thorn Run Road  
Suite 340  
Moon Township, PA 15108

**8. Registered Agent/Office**

InCorp Services, Inc.  
828 Lane Allen Road  
Ste 219  
Lexington, KY 40504-3659

I, **Jean Nagy**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, July 25, 2023

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