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

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 partnership.
- 2. The name of the entity is: ANGELIGHT PARTNERS, L.P.
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Colorado.

5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

501 OXFORD PLACE 501 Oxford Pl LOUISVILLE, KY 40207

Registered Agent Name/Address

Mena Blue 501 Oxford Pl Frankfort, KY 40601

6. Mena Blue, Managing Partner, on 1/18/2024

7. I, Mena Blue, consent to serve as the registered agent on behalf of the this entity on 1/18/2024

0928615 0928615 Michael G. A..... KY Secretary of State Received and Filed 1/18/2024 12:00:00 AM Fee receipt: \$302.00

RCA