

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1244916.06

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Michael G. Adams Kentucky Secretary of State Received and Filed:

12/2/2022 9:09 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Certificate (Foreign Busi	of Authority ness Entity)		FBE
www.sos.ky.gov			0	
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following	 030 the undersigned hereby applieding statements: 	es for authority to transact	business in Kentucky	on behalf of the entity named below
1. The entity is a: profit corpora business trus limited partne non-profit lic	imited liability company		professional limited liability company statutory trust other	
2. The name of the entity is <u>L Brands</u> (The n	Service Company, LLC name must be identical to the nam	e on record with the Sec	cretary of State.)	
3. The name of the entity to be used in h	Kentucky is (if applicable):	provide if "real name" is		thorning loans blank
4. The state or country under whose law			unavaliable for use, c	briefwise, leave blank.)
5. The date of organization is 08/31/19			on is Pernetual	•
5. The date of organization is 08/31/1982 and the period of duration is Perpetual (If left blank, duration is considered perpe				
6. The mailing address of the entity's pri	ncipal office is			
3 Limited Parkway Street Address		Columbus	OH	43230
		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
306 W. Main Street, Suite 512		Frankfort	KY	40601
Street Address (No P.O. Box Numbers	•	City	Sta	te Zip Code
and the name of the registered agent at t	hat office is CT Corporation Sys	tem		•
8. The names and business addresses of	of the entity's representatives (secret	ary, officers and directors	, managers, trustees or	r general partners):
			ОН	43230
	3 Limited Parkway Street or P.O. Box	Columbus	State	Zip Code
Michael C. Wu	3 Limited Parkway	Columbus	OH	43230
	Street or P.O. Box	City	State	Zip Code
Tobin M. Nelson	3 Limited Parkway	Columbus	OH	43230
Name	Street or P.O. Box	City	State	Zip Code
 If a professional service corporation, al and treasurer are licensed in one or more statement of purposes of the corporation. 	e states or territories of the United St	ates or District of Columbi	ia to render a professio	nal service described in the
I certify that, as of the date of filing thing			_	of its formation.
11. If a limited partnership, it elects to be		Check the box if applica	ble:	
12. If a limited liability company, check				
13. This application will be effective upon	filing.			
the Mal	Tobi	n Nelson, Authorized	Person	November 88, 2082
Signature of Authorized Representative		Printed Name & Title		Date
, CT Corporation System Type/Print Name of Registered Agent	, consent to serve as the registered agent on behalf of the business entity.			
By: Euch belson	Eric Carlson	A	sst. Secretary	11/22/2022
Signature of Registered Agent	Printed Name		litle .	Date



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "L BRANDS SERVICE COMPANY, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

TANVS OF THE PROPERTY OF THE P

Authentication: 204919165

Date: 11-22-22

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