

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

3/29/2023 12:00:00 AM

Fee receipt: \$442.00

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**

**RCA**

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: NLAS LIVERMORE LP
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 Nevada.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

304 S JONES BLVD #4102  
LAS VEGAS, NV 89107

**Registered Agent Name/Address**

KY SECRETARY OF STATE  
700 Capital Avenue  
Frankfort, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. TODD HEUVER on 3/29/2023
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. KY SECRETARY OF STATE on 3/29/2023