

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 **limited liability company**.
2. The name of the entity is: **INDECCA, LLC**
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 **Ohio**.
5. The date of organization is **11/9/2012** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

10 W Broad Street
Columbus , OH 43215

8. Required Representatives

Member	Benjamin White	10 W Broad Street Columbus	OH	43215
Member	Thomas White	10 W Broad Street Columbus	OH	43215

9. Registered Agent/Office

National Registered Agents, Inc.
306 W. Main Street, Suite 512
Frankfort, KY 40601

I, **Patti Gatto**, consent to sign for **National Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, August 15, 2023

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