

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: **TITLEEASE LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **5/27/2021** and the period of duration is **perpetual**.
5. This entity is managed by Managers

6. Principal Office

150 Chestnut Street
2nd Floor
Providence, RI 02903

7. Required Representatives

Manager	Jennifer S Johnson	150 Chestnut Street	Providence	RI	02903
Manager	Joseph Durso	150 Chestnut Street	Providence	RI	02903

8. Registered Agent/Office

Corporation Service Company
421 W. Main St.
Frankfort, KY 40601

I, **Sonya Cordell**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, January 4, 2024

As the Authorized Representative, I, **JENNIFER S JOHNSON**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**