

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/16/2024 1:14 PM Fee Receipt: \$90.00

				7/16/2024 1:14		
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ificate of Authorit ign Business Entity)	Fee Receipt: \$	90.00		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for authority to t	ransact business in Ker	ntucky on behalf of	the entity named below	
1. The entity is a: profit corpor business tru Iimited partr non-profit llo	ership	nonprofit corporation limited liability company Itd cooperative association professional service corpora	company statutory trust association public benefit corporation			
2. The name of the entity is		Hersha Hospitality N			·	
(The	name must be identical to	o the name on record with	the Secretary of State	.)		
<ol> <li>The name of the entity to be used in</li> <li>The state or country under whose la</li> <li>The data of exception in</li> </ol>	w the entity is organized is_	(Only provide if "real na	Pennsylvani		eave blank.)	
5. The date of organization is	1/12/1990	and the period o		duration is consid	lered perpetual.)	
6. The mailing address of the entity's p 2001 Market St	rincipal office is reet, Suite 3500	Phila	delphia	PA	19103	
Street Address		City	State	Zip C	Code	
7. The street address of the entity's reg 828 Lane Allen	gistered office in Kentucky is Road Suite 219		ngton <u>KY</u>		40504	
Street Address (No P.O. Box Numbe	rs)	Cit	,	State	Zip Code	
and the name of the registered agent a	C	ogency Global Inc.				
8. The names and business addresses	of the entity's representativ	ves (secretary, officers and o	directors, managers, trus	stees or general pa	rtners):	
Star HHM GP, L.L.C., its gener	2001 Market Street. S	Suite 3500 Phila	delphia	PA	19103	
Name	Street or P.O. Box	City	State	Zip C		
Name	Street or P.O. Box	City	State	Zip C	Code	
Name	Street or P.O. Box	City	State	Zip C	Code	
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio	ore states or territories of the					
10. I certify that, as of the date of filing	this app <b>l</b> ication, the above-r	named entity validly exists u	nder the laws of the juris	diction of its format	lion.	
11. If a limited partnership, it elects to b	e a limited liability limited p	artnership. Check the box i	f applicable:			
12. If a limited liability company, chec	k box if manager-manage	d:				
13. This application will be effective up	on filing.					
Naveen Kakarla (Jul 12, 2024 23:27 GMT+2)		Naveen Kakarla	, President & CEO	Jul 12, 2	2024	
Signature of Authorized Representative			Printed Name & Title of Star HHM GP, L.L.C., Date its General Partner			
I, <u>Cogency G</u> Type/Print Name of Registered Agent	lobal Inc.	, consent to serve as	the registered agent on		ess entity.	
Ashing the	Δα	shley Cepin	Asst. Seci	retarv	7/16/2024	
Signature of Registered Agent		d Name	Title	,	Date	

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