

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
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 entity is a **limited liability company**.

2. The name of the entity is

**HP5 CONSULTING LLC**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **9/8/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**12896 DUNES LAKE TERRACE, Jacksonville, FL 32225**

6. The name of the initial registered agent is

**URS Agents LLC**

and the street address of the entity's initial registered office in Kentucky is

**306 West Main Street Suite 512, Frankfort, KY 40601**

7. The names and business addresses of the entity's representatives:

<b>Manager</b>	Tracee Holzendorf	12896 DUNES LAKE TER, Jacksonville, FL 32225
<b>Organizer</b>	Tracee Holzendorf	12896 DUNES LAKE TER, Jacksonville, FL 32225

8. This entity is managed by **Managers**.

9. This filing will be effective on **Sunday, September 8, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President/CEO**:  
**Tracee Grant Holzendorf**

I, **Matt Thompson (URS Agents LLC)**, consent to sign for **URS Agents LLC** who serves as the Registered Agent on behalf of this entity on Sunday, September 8, 2024.