

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 **nonprofit corporation**.
2. The name of the entity is: **TEN THOUSAND VILLAGES**
3. The name of the entity to be used in Kentucky is (if applicable): **TEN THOUSAND VILLAGES INC.**
4. The state or country whose law the entity is organized is **Pennsylvania**.
5. The date of organization is **3/2/2000** and the period of duration is **perpetual**.

6. Principal Office

704 Main St.
Akron, PA 17501

7. Required Representatives

Director	DAN ALONSO	704 MAIN STREET , P O Box 307	AKRON	PA	17501
Officer	BRANDON ROGERS	704 Main St.	Akron	PA	17501
Secretary	PETER STRANGE	3454 TURKEYFOOT ROAD	ERLANGER	KY	41018

8. Registered Agent/Office

Registered Agents, Inc
212 2ND Street, Ste 100
Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents, Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Tuesday, November 21, 2023

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