

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: **SQUARED LIVING 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 **Delaware**.
5. The date of organization is **5/2/2017** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

271 W. Short St Ste 410 #251
Lexington, KY 40506

8. Required Representatives

| | | | | | |
|---------------|-------------|-------------------------------|----------|----|-------|
| Member | John Chen | 540 West 146th Street, Apt 51 | New York | NY | 10031 |
| Member | Weiduo Chen | 420 West 42nd Street, #23h | New York | NY | 10036 |

9. Registered Agent/Office

REPUBLIC REGISTERED AGENT LLC
271 W. Short St Ste 410
Lexington, KY 40506

I, **Wesley Dolan**, consent to sign for **REPUBLIC REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, April 5, 2023

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