

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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: **EMULATE AUTO, 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 **Maryland**.
5. The date of organization is **2/1/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

9515 Deereco Road
Suite 302
Timonium, MD 21093

8. Required Representatives

Manager	Edward Lee	9515 Deereco Rd., Timonium Suite 302	MD	21093
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9. Registered Agent/Office

Cogency Global INC
828 Lane Allen Road
Suite 219
Lexington, KY 40504

I, **Eric Thompson**, consent to sign for **Cogency Global INC** who serves as the **Registered Agent** on behalf of this Entity.

on Friday, February 24, 2023

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