



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A - 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: [] profit corporation [] nonprofit corporation [] professional limited liability company
[] business trust [x] limited liability company [] statutory trust
[] limited partnership [] ltd cooperative association [] other
[] non-profit llc [] professional service corporation

2. The name of the entity is STAG Shepherdsville, LLC
(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable):
(Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is April 11, 2025 and the period of duration is
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
One Federal Street, 23rd Floor Boston MA 02110

Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504

Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Registered Agent Solutions, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
See attached Continuation Statement 8

Table with 5 columns: Name, Street or P.O. Box, City, State, Zip Code. Three rows for representatives.

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: []

12. If a limited liability company, check the box if manager-managed: []

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: []

Signature of Authorized Representative: Alan Simmons (Apr 11, 2025 11:55 EDT)
Printed Name & Title: Alan H. Simmons, Esq., Assistant Secretary
Date: Apr 11, 2025

I, Registered Agent Solutions, Inc., consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent: Brian Smith
Printed Name: Brian Smith
Title: Asst. Secretary
Date: 04/11/2025

CONTINUATION STATEMENT 8 TO CERTIFICATE OF AUTHORITY
OFFICERS OF LIMITED LIABILITY COMPANY

<u>Name</u>	<u>Title</u>	<u>Address</u>
William R. Crooker	President	One Federal Street, 23 rd Floor, Boston, MA 02110
Matts S. Pinard	Chief Financial Officer	One Federal Street, 23 rd Floor, Boston, MA 02110
Jeffrey M. Sullivan	Secretary	One Federal Street, 23 rd Floor, Boston, MA 02110
Steven T. Kimball	Vice President	One Federal Street, 23 rd Floor, Boston, MA 02110
Michael C. Chase	Vice President	One Federal Street, 23 rd Floor, Boston, MA 02110
Alan H. Simmons	Assistant Secretary	One Federal Street, 23 rd Floor, Boston, MA 02110
Seth A. Malamut	Assistant Secretary	One Federal Street, 23 rd Floor, Boston, MA 02110