

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1239737.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/31/2022 3:58 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ertificate of Authority preign Business Entity)		FBE
Pursuant to the provisions of KRS and, for that purpose, submits the	S 14A – 030 the undersigned a following statements:	hereby applies for authority to tr	ansact business in Kent	ucky on behalf of the entity named below
1. The entity is a: X profit corporation nonpr		nonprofit corporation	professi	orial limited liability company
		limited liability company	statutory	
, punname	ess trust	itd cooperative association	other	, tradi
non-p	d partnership rofit lic	professional service corporat	* ·· · · · · · · · · · · · · · · · · ·	
2. The name of the entity is GH	A TECHNOLOGIES, INC			
	(The name must be identic	al to the name on record with t	he Secretary of State.)	
3. The name of the entity to be u		(Only provide if "real nar	ne" is unavailable for	use; otherwise, leave blank.)
4. The state or country under wh				•
5. The date of organization is <u>02</u>		and the period o	(If left blank, o	luration is considered perpetual.)
<ol><li>The mailing address of the en 8998 E RAINTREE DR</li></ol>	uty's principal office is	SCOTTSDA	LE AZ	85260
Street Address		City	State	Zip Code
7. The street address of the entit	hire registered office in Kentur	ku-ie		•
306 W. Main Street, Suite 51		Frankfo	rt KY	40601
Street Address (No P.O. Box N		City		State Zip Code
and the name of the registered a	No.	noration System		
				has as general postpose):
8. The names and business add	resses of the entity's represer	tatives (secretary, officers and d	rectors, managers, irus	
GEORGE HERTZBERG	8998 E RAINTREE	DR SCOTTSDA		85260
Name	Street or P.O. Box	City	State	Zip Code
GEORGE HERTZBERG	8998 E RAINTRE			85260
Name	Street or P.O. Box	City	LE AZ	Zip Code 85260
GEORGE HERTZBERG	8998 E RAINTRE Street or P.O. Box	E DR SCOTTSDA	State	Zip Code
Name	Street or P.O. Box	City	Glate	Lip obtto
and treasurer are licensed in one statement of purposes of the cor	or more states or territories or poration.	f the United States or District of	Columbia to render a pro	all of the officers other than the secretary ofessional service described in the
10. I certify that, as of the date of	filling this application, the abo	ve-named entity validly exists un	der the laws of the jurisi	diction of its formation.
11. If a limited partnership, it elec	cts to be a limited liability limite	ed partnership. Check the box if	applicable:	
12. If a limited liability company	, check box if manager-man	aged:		
13. This application will be effect	ive upon filing.	, GEORGE HERTZE	FDC/DDECIBUNT	10/27/2022
100	00			Date Date
Signature of Authorized Represent	rative	Printed Name	to 101	\$10000F
CT Corporation System,		consent to serve as	the registered agent on	behalf of the business entity.
Type/Print Name of Registered A				10/20/2022
By: C T Corporation Sy	ystem Roll	Denise Bell	Asst. Secy.	10/28/2022
Signature of Registered Agent	F	rinted Name	Title	Date