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Kentucky Secretary of State Received and Filed:

Michael G. Adams

2/16/2023 2:42 PM Fee Receipt: \$90.00

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mmoore ADD



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

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ate of Authority Business Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	<ul> <li>– 030 the undersigned hereby a ving statements:</li> </ul>	applies for authority to transact b	ousiness in Kentucky or	n behalf of the entity named below
<ol> <li>The entity is a: profit corpor business true limited partn non-profit lic</li> <li>The name of the entity is <u>UHIL 49</u>,</li> </ol>	ist X limite hership Itd co profe	profit corporation ad liability company poperative association assional service corporation	professional lim statutory trust other	ited liability company
	name must be identical to the	name on record with the Secr	etary of State.)	······································
3. The name of the entity to be used in	Kentucky is (if applicable):		5 A.	
		nly provide if "real name" is u	inavailable for use; ot	herwise, leave blank.)
4. The state or country under whose la				
5. The date of organization is 02.07.20	023	and the period of duration		·····
6. The mailing address of the entity's p	rincipal office is		(If left blank, duration	is considered perpetual.)
2727 N. Central Avenue		Phoenix	AZ	85004
Street Address		City	State	Zip Code
7. The street address of the entity's reg	gistered office in Kentucky is			
306 W. Main Street, Suite 512,		Frankfort	KY	40601
Street Address (No P.O. Box Number	rs)	City	State	Zip Code
and the name of the registered agent at	t that office is C T Corporation	System		
				······································
8. The names and business addresses	or the entity's representatives (s	ecretary, officers and directors,	managers, trustees or g	general partners):
Edward J. Shoen	2727 N. Central Avenue	Phoenix	AZ	85004
Name	Street or P.O. Box	City	State	Zip Code
Jason A. Berg	2727 N. Central Avenue Street or P.O. Box	Phoenix	AZ	85004
				7in Code
Name		City	State	Zip Code
Name John C. Taylor	2727 N. Central Avenue	Phoenix	AZ	85004
Name				•
Name           John C. Taylor           Name           9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	2727 N. Central Avenue Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n.	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia	AZ State directors, and all of the a to render a profession	85004 Zip Code officers other than the secretary al service described in the
Name John C. Taylor Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio 10. I certify that, as of the date of filing t	2727 N. Central Avenue Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. his application, the above-name	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia d entity validly exists under the la	AZ State directors, and all of the a to render a profession	85004 Zip Code officers other than the secretary al service described in the
Name John C. Taylor Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio 10. I certify that, as of the date of filing t 11. If a limited partnership, it elects to be	<u>2727 N. Central Avenue</u> Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. this application, the above-name e a limited liability limited partner	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia d entity validly exists under the la ship. Check the box if applicab	AZ State directors, and all of the a to render a profession	85004 Zip Code officers other than the secretary al service described in the
Name         John C. Taylor         Name         9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation         10. I certify that, as of the date of filing to the second	2727 N. Central Avenue Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. this application, the above-name e a limited liability limited partner k box if manager-managed:	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia d entity validly exists under the la ship. Check the box if applicab	AZ State directors, and all of the a to render a profession	85004 Zip Code officers other than the secretary al service described in the
Name John C. Taylor Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio 10. I certify that, as of the date of filing t 11. If a limited partnership, it elects to be	2727 N. Central Avenue Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. this application, the above-name e a limited liability limited partner k box if manager-managed:	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia d entity validly exists under the la ship. Check the box if applicab	AZ State directors, and all of the a to render a profession	85004 Zip Code officers other than the secretary al service described in the
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Name John C. Taylor Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation 10. I certify that, as of the date of filing to 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upon Signature of Authorized Representative L C T Corporation System,	2727 N. Central Avenue Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. this application, the above-name e a limited liability limited partner k box if manager-managed:	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia d entity validly exists under the la ship. Check the box if applicab Jason A. Berg, Manager	AZ State directors, and all of the a to render a profession aws of the jurisdiction of le:	85004 Zip Code officers other than the secretary al service described in the f its formation.
Name John C. Taylor Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio 10. I certify that, as of the date of filing t 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upon Signature of Authorized Representative I, C T Corporation System, Type/Print Name of Registered Agent	2727 N. Central Avenue Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. this application, the above-name e a limited liability limited partner k box if manager-managed:	Phoenix City ot less than one half (1/2) of the ed States or District of Columbia d entity validly exists under the la ship. Check the box if applicab Jason A. Berg, Manager Printed Name & Title	AZ State directors, and all of the a to render a profession aws of the jurisdiction of le:	85004 Zip Code officers other than the secretary al service described in the f its formation.
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## SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **UHIL 49, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/07/2023, and is in good standing in this state.



Certificate Number: B202302093381382 You may verify this certificate online at <u>http://www.nvsos.gov</u> IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/09/2023.

Joular

FRANCISCO V. AGUILAR Secretary of State