## Commonwealth of Kentucky Michael G. Adams, Secretary of St.

1095044 1095044 Michael G. /...... KY Secretary of State Received and Filed

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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**

**RCA** 

Pursuant to the provisions of KRS 14A9 - 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 nonprofit corporation.
- 2. The name of the entity is: USA HOMESTAYS INC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Indiana.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

## **Principal Office**

P.O. BOX 964 FISHERS, IN 46038

## Registered Agent Name/Address

Paul Reese 318 Jesselin Drive LEXINGTON, KY 40503

- 6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Sven Christiansen on 2/23/2022
- 7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Paul Reese on 2/23/2022