

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 | Certif | Certificate of Authority | | FBE | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|-----------------------------|--------------------------------------------|--|
| P.O. Box 718 | | n Business Entity) | | . 52 | |
| Frankfort, KY 40602 (502) 564-3490 | (1.01018 | in Buomious Entity) | | | |
| www.sos.ky.gov | | | | | |
| | | | | | |
| - | | | 3 AN S VO | w ve a | |
| Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow | 030 the undersigned herel wing statements: | by applies for authority to tra | ansact business in Kentu | icky on behalf of the entity named below | |
| | | | | | |
| The entity is a: profit corpor | | onprofit corporation | professio | professional limited liability company | |
| business tru | | mited liability company | statutory | trust | |
| limited partr | nership Ito | d cooperative association | other | | |
| non-profit lle | : Шр | rofessional service corporat | ion | | |
| 2. The name of the entity is Macy's Ma | | | | . | |
| (The | name must be identical to | the name on record with t | ne Secretary of State.) | | |
| 3. The name of the entity to be used in | Kentucky is (if applicable): | (Only provide if "real near | " ii - - - f | | |
| 4. The state or country under whose la | w the estitute essential is O | | ne is unavailable for u | se; otherwise, leave blank.) | |
| 5. The date of organization is 05/19/20 | | | | | |
| 5. The date of organization is our to 25 | 10 | and the period of | | uration is considered perpetual.) | |
| 6. The mailing address of the entity's p | orincipal office is | | (ii ion biaini, ac | arabon to continue ou perpetually | |
| 145 Progress Place | | Springdale | OH | 45246 | |
| Street Address | | City | State | Zip Code | |
| 7. The street address of the entity's re- | gistered office in Kentucky is | | | | |
| 101 North Seventh Street | | Louisville | KY | 40202 | |
| Street Address (No P.O. Box Numbe | 00:0* | City | | State Zip Code | |
| and the name of the registered agent a | t that office is United Agent G | roup Inc. | | | |
| 8. The names and business addresses | s of the entity's representative | s (secretary, officers and di | rectors, managers, truste | ees or general partners): | |
| Macy's Retail Holdings, LLC | 145 Progress Place | Springdale | ОН | 45246 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| | | | | | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| | | | | | |
| 9. If a professional service corporation, | all the individual shareholder | s, not less than one half (1/2 | 2) of the directors, and al | I of the officers other than the secretary | |
| and treasurer are licensed in one or mo | | United States or District of C | Columbia to render a prof | essional service described in the | |
| statement of purposes of the corporation | on. | | | | |
| | | | | | |
| 10. I certify that, as of the date of filing | this application, the above-na | med entity validly exists und | der the laws of the jurisdi | ction of its formation. | |
| | | | | | |
| 11. If a limited partnership, it elects to be | e a limited liability limited par | tnership. Check the box if | applicable: | | |
| 12. If a limited liability company, chec | k box if manager-managed | : П | | | |
| SOUTH TERRORS TO CONTROL CONTR | 300 (100 (100 (100 (100 (100 (100 (100 (| _ | | | |
| 13. This application will be effective up | on filing. | | | | |
| 1/1/1 | 20 - | | | | |
| _ ucce | | Adia Myles, Special Man | 1-1- - 1-1-1-1 | 7/28/2022 | |
| Signature of Authorized Representative | | Printed Name 8 | . Title | Date | |
| | | | | | |
| Corporate Creations Network Inc. | | , consent to serve as t | he registered agent on b | ehalf of the business entity. | |
| Type/Print Name of Registered Agent | | | | | |
| Smille | Laurer | Underwood | Special Secretary | 7/28/2022 | |
| Signature of Registered Agent | Printed | Name | Title | Date | |