

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

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/26/2024 12:21 PM Fee Receipt: \$90.00

Division of Business Filings	Certif	icate of Authority		Fee Receipt. \$90.00
P.O. Box 718		(Foreign Business Entity)		FDE
Frankfort, KY 40602 (502) 564-3490	(1 oreig	ii business Entity)		
www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the followers.	<ul> <li>030 the undersigned hereb wing statements:</li> </ul>	y applies for authority to tran	sact business in Kentu	icky on behalf of the entity named below
1. The entity is a: profit corpo	ration			
business tru		nonprofit corporation professional limited liability company		
limited partnership		limited liability company statutory trust		
	' —	cooperative association		nefit corporation
non-profit lic	Marie - Title Mai	ofessional service corporation	n Llother	
2. The name of the entity is HP Acquis	itions, LLC			
	name must be Identical to t	he name on record with the	Secretary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):			
_	259 02 325 (2000)	(Only provide if "real name	" Is unavailable for u	se; otherwise, leave blank.)
4. The state or country under whose la		io	·	
5. The date of organization is 02/26/16		and the period of d	uration is	
6. The mailing address of the entity's p	principal office in		(If left blank, du	ration is considered perpetual.)
4901 Hunt Road, Suite 300	incipal office is	Cincinnati	Ohio	45040
Street Address		City	State	45242 7in Code
7 The street address of the settled as		on,	State	Zip Code
7. The street address of the entity's reg 541 Buttermilk Pike, Suite 500	Jistered office in Kentucky is	Covington		44047
Street Address (No P.O. Box Number	rs)	Covington City	KY	41017
	10,000 91 90 96 960 9			State Zip Code
and the name of the registered agent a	The state of the s			*
8. The names and business addresses	of the entity's representatives	(secretary, officers and direc	ctors, managers, truste	es or general partners):
Brandon Guttman	4901 Hunt Road, Suite 300	Cincinnati	ОН	45242
Name	Street or P.O. Box	City	State	Zip Code
A Marine Company of the Company of t			200.000	Lip Gode
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
	A NEW TAKE MEMBERS		Oldie	Zip Code
<ol> <li>If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation</li> </ol>	re states or territories of the U	, not less than one half (1/2) i nited States or District of Col	of the directors, and all umbia to render a profi	of the officers other than the secretary essional service described in the
10. I certify that, as of the date of filing t	his application, the above-nar	ned entity validly exists under	the laws of the jurisdic	ction of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited parti	nership. Check the box if ap	plicable:	
12. If a limited liability company, chec	k box if manager-managed:	V		
13. This application will be effective upo	n filing.			
Service of the servic	7.	Charles and Charles	taro karindo oktoba •e	11:31.121
Signature of Authorized Representative	<u> </u>	Stephanie Dill, In-House C		11 - 21 629
S e. Franciated Representative		Printed Name & Ti	ue	Date
Matthow C. Smith				
I, Matthew C. Smith Type/Print Name of Registered Agent		, consent to serve as the	registered agent on be	ehalf of the business entity.
DAY JUNE				, ,
/ MIMM Ston	Matthew	C. Smith	Attorney	1/21/200
Signature of Registered Agent	Printed N		Title	Date