

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1263850
Michael G. Adams
KY Secretary of State
Received and Filed

2/28/2023 1:02:14 PM

Fee receipt: \$90.00

L902

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

FBE

Pursuant to the provisions of KRS 14A.9 - 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 **limited liability company**.
2. The name of the entity is: **HOME EXPRESS DELIVERY SERVICE**
3. The name of the entity to be used in Kentucky is (if applicable): **HOME EXPRESS DELIVERY SERVICE LLC**
4. The state or country whose law the entity is organized is **California**.
5. The date of organization is **4/5/2013** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

25361 Commercentre Dr
Ste 250
Lake Forest, CA 92630

8. Required Representatives

| | | | | | |
|----------------|-------------------|--------------------------------------|-------------|----|-------|
| Manager | Nick Vujnovich | 25361 Commercentre Dr, Ste 250 | Lake Forest | CA | 92630 |
| Manager | Benjamin Reynolds | 25361 Commercentre Dr, Ste 250 | Lake Forest | CA | 92630 |

9. Registered Agent/Office

CT Corp
306 W Main St.
Frankfort, KY 40601

I, **CT Corporation**, consent to sign for **CT Corp** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 28, 2023

As the Authorized Representative, I, **Nick Vujnovich**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Real Estate Manager**