

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/31/2023 10:22 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

## Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS 14A - 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: professional limited liability company 1. The entity is a: profit corporation nonprofit corporation statutory trust limited liability company business trust public benefit corporation Itd cooperative association limited partnership professional service corporation non-profit IIc The name of the entity is SVC HYB Lease Pool 4 LLC (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Maryland and the period of duration is perpetual The date of organization is October 27. 2023 (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 02458 MA Two Newton Place, 255 Washington Street, Suite 300 Newton State Zip Code Street Address City 7. The street address of the entity's registered office in Kentucky is 40601 421 West Main Street Frankfort City State Zip Code Street Address (No P.O. Box Numbers) and the name of the registered agent at that office is Corporation Service Company 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Please see Exhibit A attached. Zip Code Street or P.O. Box City State Name State Zip Code Name Street or P.O. Box City Zip Code State Name Street or P.O. Box City 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: 12. If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. Brian E. Donley, Chief Financial Officer & Treasurer October 30, 2023 Printed Name & Title Date Signature of Authorized Representative Corporation Service Company consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent Asst. Secretary Rob Branch 10/27/2023 Rob Branch Date Title Signature of Registered Agent Printed Name

## Exhibit A

## **Officers and Directors**

Name	Title	Address
Todd W. Hargreaves	President and Chief	Two Newton Place
	Investment Officer	255 Washington Street, Suite 300
		Newton, MA 02458
Brian E. Donley	Chief Financial Officer and	Two Newton Place
	Treasurer	255 Washington Street, Suite 300
		Newton, MA 02458
Jennifer B. Clark		Two Newton Place
	Secretary	255 Washington Street, Suite 300
		Newton, MA 02458
Jacquelyn S. Anderson		Two Newton Place
	Assistant Secretary	255 Washington Street, Suite 300
		Newton, MA 02458
John G. Murray		Two Newton Place
	Director	255 Washington Street, Suite 300
		Newton, MA 02458
Adam D. Portnoy		Two Newton Place
	Director	255 Washington Street, Suite 300
		Newton, MA 02458