14 <sup>.</sup>	11	352.	06
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**COMMONWEALTH OF KENTUCKY** 

MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/25/2024 10:13 AM Fee Receipt: \$90.00

mmoore ADD

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE	
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow		es for authority to transact b	ousiness in Kentucky on b	ehalf of the entity named below	
business trust Iimited lial limited partnership Itd cooper non-profit IIc profession		corporation ability company rative association nal service corporation	professional limited liability company     statutory trust     public benefit corporation     other		
2. The name of the entity is The Street	cn Property Owner LLC name must be identical to the nar	ne on record with the Secr	etary of State.)	······································	
3. The name of the entity to be used in	(entucky is (if applicable):				
4. The state as some medan where the		provide if "real name" is u	navailable for use; othe	rwise, leave blank.)	
<ol> <li>The state or country under whose law</li> <li>The date of organization is</li> </ol>	1/2024	and the period of duration	n is	<u> </u>	
<ol> <li>The mailing address of the entity's pr</li> </ol>				considered perpetual.)	
10 Campus Blvd.		Newtown Square	PA		
Street Address		City	State	Zip Code	
7. The street address of the entity's regi 828 Lane Allen Rd Ste 219	stered office in Kentucky is	Lovington	10/	40504	
Street Address (No P.O. Box Numbers	3)	Lexington City	KY State	Zip Code	
and the name of the registered agent at	that office is Capitol Corporate	Services, Inc.		<u> </u>	
8. The names and business addresses			managers, trustees or ger	neral partners):	
Gary M. Holloway, Sr.	10 Campus Blvd.	Newtown Square	PA	19073	
Name Gary M. Holloway, Jr.	Street or P.O. Box 10 Campus Blvd.	City Newtown Square	State PA	Zip Code 19073	
Name	Street or P.O. Box	City	State	Zip Code	
Dana Janquitto Name	10 Campus Blvd. Street or P.O. Box	Newtown Square	PA State	19073 Zip Code	
<ul> <li>9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation</li> <li>10. I certify that, as of the date of filing the service of the service</li></ul>	e states or territories of the United S	States or District of Columbia	a to render a professional	service described in the	
11. If a limited partnership, it elects to be	a limited liability limited partnership	<ol> <li>Check the box if application</li> </ol>	le:		
12. If a limited liability company, check	box if manager-managed:				
13. This application will be effective upor	n filing.				
1 1			10 10 14/00	20004	
Signature of Authorized Representative		a Janquitto - Vice President and Printed Name & Title	General Counsel 11/22/	2024 Date	
I, Capitol Corporate Services, Ir	IC, C	onsent to serve as the regis	tered agent on behalf of th	ne business entity.	
Type/Print Name of Registered Agent					
Jeige Johnson	Leigh Jo		ssistant Secretary	11/22/2024	
Signature of Registered Agent	Printed Name	т	itle	Date	