

**COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE 1312353.06

Michael G. Adams **Kentucky Secretary of State** 

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## **Certificate of Authority** (Foreign Business Entity)

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	1	Business Entity)		I DL
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following		applies for authority to transa	ct business in Kentucky on b	ehalf of the entity named below
The entity is a: profit corpora business trus limited partner non-profit lic.	t X limi ership Itd	nprofit corporation ted liability company cooperative association fessional service corporation	statutory trust public benefit corp other	d liability company oration
The name of the entity is  (The r	name must be identical to th	Varia US Holdings e name on record with the S		*
<ul><li>3. The name of the entity to be used in I</li><li>4. The state or country under whose law</li><li>5. The date of organization is</li></ul>	v the entity is organized is	Only provide if "real name" i	Delaware	rwise, leave blank.)
The mailing address of the entity's pri	The second secon	and the period of dura	(If left blank, duration is	considered perpetual.)
360 Central Avei		St. Petersb	urg FL	33701
Street Address		City	State	Zip Code
<ol> <li>The street address of the entity's region</li> <li>828 Lane Allen I</li> </ol>		Lexingto	n 107	40504
Street Address (No P.O. Box Numbers		City	N KY State	Zip Code
and the name of the registered agent at that office is Cogency Global Inc.				
8. The names and business addresses				neral partners):
Varia US Properties AG	360 Central Avenue,			33701
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
<ol><li>If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation</li></ol>	e states or territories of the Ur	not less than one half (1/2) of nited States or District of Colun	the directors, and all of the or nbia to render a professional	fficers other than the secretary service described in the
10. I certify that, as of the date of filing the	is application, the above-name	ned entity validly exists under the	ne laws of the jurisdiction of it	s formation.
11. If a limited partnership, it elects to be	a limited liability limited partn	ership. Check the box if appli	cable:	
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective upon filing.		Patrick Richard, Director of Varia US Properies AG, Sole Member of Varia US Holdings LLC 9/27/23		
Signature of Authorized Representative		Printed Name & Title	)	Date
Cogency Glo	obal Inc.	, consent to serve as the re	egistered agent on behalf of t	he business entity.
Type/Pylint Name of Registered Agent	Jor	i Wallace	Assistant Sect.	9/29/2023
Signature of Registered Agent	Printed N		Title	Date

Division of Business Filings