

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

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1437654.06
Michael G. Adams
Secretary of State
Received and Filed
3/13/2025 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

TRADESMAN PROGRAM MANAGERS, LLC

3. The state or country under whose law the entity is organized is **New York**.

4. The date of organization is **1/20/2016** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

125 Park Ave Suite 1530, New York, NY 10017

6. The name of the initial registered agent is

Corporate Creations Network Inc.

and the street address of the entity's initial registered office in Kentucky is

101 North Seventh Street, Louisville, KY 40202

7. The names and business addresses of the entity's representatives:

Member	Daniel Hickey Jr.	15 Davis Ave, Poughkeepsie, NY 12603
Member	Richard Ecklord	15 Davis Ave, Poughkeepsie, NY 12603
Member	Thomas Kelly	15 Davis Ave, Poughkeepsie, NY 12603

8. This entity is managed by **Members**.

9. This filing will be effective on **Thursday, March 13, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Member: Daniel Hickey Jr.**

I, **Marie Edwards - Special Secretary**, consent to sign for **Corporate Creations Network Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, March 13,

2025.

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