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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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:

1. The entity is a:

profit corporation	nonprofit corporation	professional limited liability company
business trust	X limited liability company	statutory trust
limited partnership	ltd cooperative association	public benefit corporation
non-profit llc	professional service corporation	other

2. The name of the entity is SWI-DE HOLDINGS, 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 Delaware

5. The date of organization is 09/10/2014 and the period of duration is _____
(If left blank, duration is considered perpetual.)

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

Street Address	City	State	Zip Code
11000 NW 29th Street	Doral	FL	33172

7. The street address of the entity's registered office in Kentucky is

Street Address (No P.O. Box Numbers)	City	State	Zip Code
306 W. Main Street, Suite 512	Frankfort	KY	40601

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Neil Kiely	459 East 16th Street	Jacksonville	FL	32206
Howard Romanow	20 Thorndal Circle	Darien	CT	06820
Anthony V. Cipriano	20 Thorndal Circle	Darien	CT	06820

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: X

13. This application will be effective upon filing.

Signature of Authorized Representative	Printed Name & Title	Date
Anthony V. Cipriano	Anthony V. Cipriano, Vice President	July 24, 2023

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Signature of Registered Agent	Printed Name	Title	Date
By: C T Corporation System Margaret E. Routzahn	Margaret E. Routzahn	Ass't Secy	07/24/23

(2/23)