

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/11/2023 10:38 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)

(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): Conly 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 9/15/2016	www.sos.ky.gov					
business trust Imited liability company Imited liability Imited l			applies for authority to transa	ct business in Kentucky on b	pehalf of the entity named below	
business trust Imited liability company Imited liability Imited l	1 The entity is a: profit of	ornoration	popprofit corporation professional limited liability company		ed liability company	
Imited partnership						
non-profit lic					ooration	
2. The name of the entity is SUITE EXPERIENCE GROUP 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 (iff 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 Delawaire 5. The date of organization is 9/15/2016		· · —	•		70144011	
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(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 9/15/2016 and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 110 Fairview Rd 7 Penn Valley Penn Valley Penn Valley Pa 19072 Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road Suite 219 Street Address (No P.O. Box Numbers) Registered Agent Solutions, Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Scott Spencer 110 Fairview Rd Penn Valley PA 19072 Name Street or P.O. Box City State Zip Code Lindsey Blumenthal 110 Fairview Rd Penn Valley PA 19072 Name Street or P.O. Box City State Zip Code Lindsey Blumenthal 110 Fairview Rd Penn Valley PA 19072 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 Name Street or P.O. Box City State Zip Code 19. 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 secretar 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 liability company, check box if manager-managed: 12. If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. Printed Name & Title Printed Name & Title Date						
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7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road Suite 219 Lexington KY 40504 Street Address (No P.O. Box Numbers) 8. The name of the registered agent at that office is Registered Agent Solutions, Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Scott Spencer 110 Fairview Rd Penn Valley PA 19072 Name Street or P.O. Box City State Zip Code Lindsey Blumenthal 110 Fairview Rd Penn Valley PA 19072 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 Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code 10 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 secretar 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. Scott Spencer, Member 7/5/2023 Signature of Authorized Representative Printed Name & Title Date Printed Name & Title Date 14. Registered Agent Solutions, Inc. Type Print Name of Registered Agent Ryan Deanda Asst. Secretary 7/10/2023						
Lexington KY 40504			City	State	Zip Code	
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Name Street or P.O. Box City PA 19072 Name Street or P.O. Box City State Zip Code	Scott Spencer	110 Fairview Rd	Penn Valley	PA	19072	
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Type/Print Name of Registered Agent Ryan Deanda Asst. Secretary 7/10/2023	Signature of Authorized Representa	tive	Printed Name & Title	!	Date	
Ryan Deanda Asst. Secretary 7/10/2023			, consent to serve as the re	egistered agent on behalf of t	the business entity.	
Ryan Deanda Asst. Secretary	Type/Print/Name of Hegistered Ag	ent				
Signature of Registered Agent Printed Name Title Date	(Mm / Anda	Ryan Dea	anda	Asst. Secretary	7/10/2023	
	Signature of Registered Agent	Printed Na	me	Title	Date	