

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

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

PHCAP LLC

3. The name of the entity to be used in Kentucky is

PHCAP LLC

4. The state or country under whose law the entity is organized is **Ohio**.

5. The date of organization is **4/23/2024** and the period of duration is **perpetual**.

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

1050 Scott St, Covington, KY 41011

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

1050 Scott St, Covington, KY 41011

and the name of the registered agent at that office is **Karl Maritato**.

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

Registered Agent	Karl Maritato	1050 Scott St	Covington	KY	41011
Authorized Rep	Karl Maritato	1050 Scott St	Covington	KY	41011

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

10. This application will be effective on **Wednesday, May 15, 2024**.

As the Authorized Representative, I, **Karl Maritato**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Karl Maritato**, consent to sign for **Karl Maritato** who serves as the **Registered Agent** on behalf of this limited liability company company.