

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/8/2022 1:19 PM 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)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			reby applies for autho	rity to transact business in Kentuck
business trus limited partne non-profit lic	t (KRS 386). Iimited lia ership (KRS 362). Itd cooper (KRS 275) cooperati	corporation (KRS 273) bility company (KRS 275) rative assn. (KRS) ve assn. (KRS)		
2. The name of the entity is NewPoint	Franchisor, LLC ne must be identical to the name on re	cord with the Secretary of Si	tate)	·
3. The name of the entity to be used in I		•		
	(Only p	rovide if "real name" is unav	ailable for use; otherwis	se, leave blank.)
4. The state or country under whose law	the entity is organized is <u>Delaware</u>		on io	·
5. The date of organization is <u>7/1/2014</u>		and the period of duration		is considered perpetual.)
6. The mailing address of the entity's pri				
1120 S. Capital of Texas Hwy., Suit Street Address	e 3-150	Austin City	<u>TX</u> State	<u>78746</u> Zip Code
7. The street address of the entity's regi	stered office in Kentucky is	,		p
421 West Main Street	Stered office in Nertucky is	Frankfort	KY	40601 .
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at $% \left(1\right) =\left(1\right) \left(1\right)$	that office is Corporation Service	Company		
8. The names and business addresses	of the entity's representatives (secre	etary, officers and directors	, managers, trustees o	or general partners):
	1120 S. Capital of Texas Hwy., Suite 3-150	Austin	TX	
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
9. If a professional service corporation, all the indimore states or territories of the United States or D				
10. I certify that, as of the date of filing th11. If a limited partnership, it elects to be	• •	, ,		of its formation.
12. If a limited liability company, check 13. This application will be effective upon The effective date or the delayed effective	n filing, unless a delayed effective da			
Please indicate the Kentucky county in wh	nich your business operates:			
County: Monroe, Cumberland, Clinton			latal.	
<u>Please</u> indicate the size of your business:		, please shade the box comp	-	t (50%) of your business ownership:
Small (Fewer than 50 employees) Large (50 or more employees)	Women-Owned		nority Owned	t (30%) of your business ownership.
Please indicate which of the following bes	st describes your business:			
Agriculture		Construction Finance, Insurar s, Sanitary Services	nce, Real Estate	
Europeth O	Eri	c Loeffel, CEO	07	7/25/2022
Signature of Authorized Representative		Printed Name & Title		Date
Corporation Service Company		onsent to serve as the regi	stered agent on behalt	f of the business entity.
Type/Print Name of Registered Agent	Gloria Na	o · o	A i - t t \ / \	08/08/2022
By: Gloria Wash Signature of Registered Agent	Printed Name		Assistant VP Title	