

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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 business entity is a **limited liability company**.
2. The name of the entity is: **HOME SQUADRON (KY), LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **5/26/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

3400 N Central Expwy
Suite 110-216
Richardson, TX 75080

8. Required Representatives

Member	Ashley Andrews	3400 N Central Expwy, Suite 110-216	Richardson	TX	75080
Member	David Schiff	777 Third Avenue, New York Floor 25		NY	10017
Member	Andrew Hobson	777 Third Avenue, New York Floor 25		NY	10017

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Alix Anast, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, June 13, 2023

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