

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/11/2023 2:16 PM Fee Receipt: \$90.00

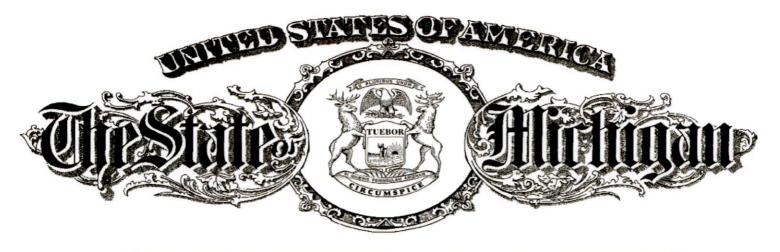
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Cert (Fore	Certificate of Authority (Foreign Business Entity)		FBE
Pursuant to the provisions of KRS and, for that purpose, submits the fo	14A ~ 030 the undersigned her ollowing statements:	eby applies for authority to transa	act business in Kentucky o	n behalf of the entity named below
profit corporation business trust limited partnership non-profit lle The name of the entity is Sandalwood Holdings, Inc.		inprofit corporation professional limited liability company statutory trust public benefit corporation other		
(1	he name must be identical to	the name on record with the S	Secretary of State.)	
3. The name of the entity to be used	d in Kentucky is (if applicable):		001 4 00-070	
4. The state or country under whose	e law the entity is organized is	(Only provide if "real name" MI	is unavailable for use; of	therwise, leave blank.)
5. The date of organization is $\frac{5/19}{2}$	2015	and the period of dur	ation is perpetual	•
6. The mailing address of the entity	s principal office is		(If left blank, duration	n is considered perpetual.)
19500 Victor Pkwy Ste 240		Livonia	MI	48152
Street Address		City	State	Zip Code
7. The street address of the entity's 306 W. Main Street, Suite 512 Street Address (No P.O. Box Num		Frankfort	KY	40601
		City	Stat	e Zip Code
and the name of the registered agen				•
8. The names and business address			ors, managers, trustees or	general partners):
Shawn B. Henderlong Name	19500 Victor Pkwy Ste		MI	48152
Mary Catherine Rae	Street or P.O. Box 19500 Victor Pkwy St	City	State	Zip Code
Name	Street or P.O. Box	E 240 Livonia City	MI State	48152 Zip Code
Name				Zip Code
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation and treasurer are licensed in one or statement of purposes of the corporation.	ition,	Offiled States of District of Colum	nbla to render a profession	al service described in the
10. I certify that, as of the date of filing	ig this application, the above-n	amed entity validly exists under the	ne laws of the jurisdiction o	f its formation.
11. If a limited partnership, it elects to	be a limited liability limited pa	rtnership. Check the box if appli	cable:	
12. If a limited liability company, ch	eck box if manager-managed	l:		
13. This application will be effective to the second secon	delore	Shaan B. He Printed Name & Title	exteriory Ac	11der 5/10/27
, CT Corporation System		, consent to serve as the re	egistered agent on behalf o	f the husiness entity
Type/Print Name of Registered Agent			Section agont on bendin o	the business citity.
By: C T Corporation Syste	Tale Je	ssica Hale	Asst. Secretary	5/10/2023

Printed Name

Title

Date

Signature of Registered Agent



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SANDALWOOD HOLDINGS, INC.

was validly incorporated on May 19, 2015 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of May, 2023.

Certificate Number: 23050136107

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.