

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  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<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: **COOPER & KIRK, PLLC**
3. The state or country whose law the entity is organized is **District of Columbia**.
4. The date of organization is **9/13/1996** and the period of duration is **perpetual**.
5. This entity is managed by Members

**6. Principal Office**

1523 New Hampshire Avenue, NW  
Washington, DC 20036

**7. Required Representatives**

Member	David H Thompson	1523 New Hampshire Ave	Washington	DC	20036
Member	Charles J Cooper	1523 New Hampshire Avenue, NW	Washington	DC	20036

**8. Registered Agent/Office**

Ct Corporation System  
306 W Main Street  
Suite 512  
Frankfort, KY 40601

I, **Theresa Buck, Assistant Secretary**, consent to sign for **Ct Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, November 7, 2023

As the Authorized Representative, I, **Stuart D Thompson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Financial Officer**