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COMMONWEALTH OF KENTUCKY

mmoore ADD

1294868.06

	Michael G. Adams Kentucky Secretary of State Received and Filed:				
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate (Foreign Bus	e of Authority iness Entity)		7/17/2023 2:30 PM Fee Receipt: \$90.00	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follo 1. The entity is a: The entity is a: profit corpo business tr limited part non-profit li	iration nonprofi ust limited lia nership ltd coope	es for authority to transac t corporation ability company erative association onal service corporation		limited liability company	
Crown KY	Gaming LLC		ocretary of State.)		
3. The name of the entity to be used i	n Kentucky is (if applicable):(Only	provide if "real name" i		; otherwise, leave blank.)	
 The state or country under whose 5. The date of organization is <u>4/25/202</u> 	aw the entity is organized is <u>solution</u>	and the period of dura	ation is	tion is considered perpetual.)	
6. The mailing address of the entity's				02116	
222 Berkeley Street, 5th Floor		Boston City	MA State	Zip Code	
Street Address		City	01010	·	
7. The street address of the entity's r	egistered office in Kentucky is	Frankfort	KY	40601	
306 W. Main Street, Suite 512 Street Address (No P.O. Box Numb	pare)	City		State Zip Code	
Street Address (No P.O. Box Numb	- thetesting in C T Corporation System	1		· · · · · · · · · · · · · · · · · · ·	
and the name of the registered agent	at that office is	the efficiency and directs	ors managers trustees	s or general partners):	
8. The names and business address	es of the entity's representatives (sec	cretary, onicers and directo		02116	
Paul Liberman	berman 222 Berkeley Street, 5th Floor		MA State	02116 Zip Code	
Name	Street or P.O. Box		MA	02116	
Jason Park	222 Berkeley Street, 5th Floor Street or P.O. Box	Boston City	State	Zip Code	
Name Stanton Dodge	222 Berkeley Street, 5th Floor	Boston	MA	02116	
Name	Street or P.O. Box	City	State	Zip Code	
 and treasurer are licensed in one of r statement of purposes of the corpora 10. I certify that, as of the date of filin 11. If a limited partnership, it elects to 	more states of territories of the officer	entity validly exists under hip. Check the box if app	the laws of the jurisdict		
12. If a limited liability company, of 13. This application will be effective		-			
DocuSigned by:				7/14/2023 11:35 PD	
Signature of Authorized Representation		Paul Liberman, President and Printed Name & Tit	and the spin of the second	Date	
			an elekano di ang aki an ba	half of the husiness entity	
I, CT Corporation System		_, consent to serve as the	registered agent on be	half of the business entity.	
Type/Print Name of Registered Agen		tolotti	Vice President	7/17/2023	
/s/Amy Berteletti	Amy Ber		Title	Date	
Signature of Registered Agent	Printed Nam	e	Title	Date	