

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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kdcoleman ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/24/2022 8:49 AM 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)

<u>www.sos.ky.gov</u>				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		es for authority to transact bus	siness in Kentucky on t	pehalf of the entity named belo
The entity is a: profit corpor	ration	corporation	nrofessional limite	ed liability company
business tru		ability company	statutory trust	a hability company
limited partn		erative association	other	
non-profit IId		onal service corporation	carior	
'	arm Holdings Group, Inc.			
2. The hame of the office of the	name must be identical to the nan	ne on record with the Secret	ary of State.)	·
3. The name of the entity to be used in	Kentucky is (if applicable):			·
•	(Only	provide if "real name" is un	available for use; othe	rwise, leave blank.)
4. The state or country under whose la				·
5. The date of organization is $\frac{01/03/20^{2}}{1}$	17	and the period of duration		
6. The mailing address of the entity's p	orincipal office is	(I	ir left blank, duration i	s considered perpetual.)
1510 Main Street	<u> </u>	Shoemakersville	PA	19526
Street Address		City	State	Zip Code
7. The street address of the entity's req	gistered office in Kentucky is			
101 North Seventh Street		Louisville	KY	40202
Street Address (No P.O. Box Number	•	City	State	Zip Code
and the name of the registered agent a	t that office is United Agent Group Inc	D		·
8. The names and business addresses	of the entity's representatives (secre	etary, officers and directors, m	anagers, trustees or ge	neral partners):
SEE ATTACHED				
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
 If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation. I certify that, as of the date of filing to the corporation. 	ore states or territories of the United S on.	States or District of Columbia t	o render a professional	service described in the
11. If a limited partnership, it elects to b	e a limited liability limited partnership	o. Check the box if applicable	: 🔲	
12. If a limited liability company, chec	k box if manager-managed:			
13. This application will be effective upo	on filing.			
Osnisa Srizarr	<i>U</i> Jeni:	sa Irizarry, Special Secretary	05/23/2	022
Signature of Authorized Representative	<i>P</i>	Printed Name & Title		Date
United Agent Group Inc.	. (consent to serve as the registe	red agent on behalf of t	the business entity.
Type/Print Name of Registered Agent				
1 Puel	Carlos Alvarez	0	ial Sacratary	05/22/2022
Signature of Registered Agent	Printed Name	Spec Title	ial Secretary	05/23/2022 Date

Attachment to Certificate of Authority for Hydrofarm Holdings Group, Inc.

Name	Title	Address
Patrick Chung	Director	1510 Main St., Shoemakersville, PA 19526
Melisa Denis	Director	1510 Main St., Shoemakersville, PA 19526
Richard Moss	Director	1510 Main St., Shoemakersville, PA 19526
Renah Persofsky	Director	1510 Main St., Shoemakersville, PA 19526
Susan Peters	Director	1510 Main St., Shoemakersville, PA 19526
Terence Fitch	President	1510 Main St., Shoemakersville, PA 19526
Bruce Lindeman	CFO	1510 Main St., Shoemakersville, PA 19526
Kevin O'Brien	CAO	1510 Main St., Shoemakersville, PA 19526
Mark Parker	EVP Sales and Business Development	1510 Main St., Shoemakersville, PA 19526
William Toler	Chairman CEO	1510 Main St., Shoemakersville, PA 19526