

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1235272.09

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/5/2022 12:50 PM Fee Receipt: \$90.00

Division of Business Filings	
. 1990 - 1991 - 1992 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993	1
P.O. Box 718	1
Frankfort, KY 40602	
(502) 564-3490	
MANAN SOS KV GOV	1

Certificate of Authority (Foreign Business Entity)

www.sos.ky.gov					
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		applies for authority to transact	t business in Kentucky o	on behalf of the entity named below	
The entity is a:	ation no			I limited liability company	
limited partne	ership Itd	cooperative association fessional service corporation	statutory trust other		
El Tilo Hallio of tilo office	RS Consulting Ltd name must be identical to th	e name on record with the Se	cretary of State.)		
3. The name of the entity to be used in		SRS.FINANCE LTD	unavailable for use; o	therwise, leave blank.)	
4. The state or country under whose law		Delaware			
	2/1991	and the period of durat		on is considered perpetual.)	
 The mailing address of the entity's printing P.O.Box 436386 	incipal office is	Middletown	KY	40253	
Street Address		City	State	Zip Code	
The street address of the entity's reg 828 Lane Allen Road Si	stered office in Kentucky is Lite 219	Lexington	KY	40504	
Street Address (No P.O. Box Numbers and the name of the registered agent at	Regist	city ered Agent Solutions	Sta , Inc.	te Zip Code	
				Control of the Contro	
The names and business addressesSarah R. Speno	or the entity's representatives 125 Park Aven		e se ses de	10017	
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, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Ur				
10. I certify that, as of the date of filing the	nis application, the above-nam	ned entity validly exists under the	e laws of the jurisdiction	of its formation.	
11. If a limited partnership, it elects to be	a limited liability limited partn	ership. Check the box if applica	able:		
12. If a limited liability company, check	box if manager-managed:				
13. This application will be effective upon	n filing.				
1 00		Sarah R. Speno, I	President	10/04/2022	
Signature of Authorized Representative	A CONTRACTOR OF THE PROPERTY O	Printed Name & Title	· · · · · · · · · · · · · · · · · · ·	Date	
Registered Agent Sol	utions, Inc.	, consent to serve as the reg	gistered agent on behalf	of the business entity.	
Type/Print Name of Registered Agent		an marawa - Marazari ya matan menasa - Mari Marin da - Santagari Andri - Mari	2000 PMS 1000 NOV HOME		
JMJ	Jose	e Mojica	Assistant Secre	etary 10/04/2022	
Signature of Registered Agent	Printed N	ame	Title	Date	