

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

(Foreign Business Entity)

1439773.06

(If left blank, duration is considered perpetual.)

OH

State

KY

State

45243

Zip Code

40601

Zip Code

mmoore **ADD**

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/20/2025 10:34 AM Fee Receipt: \$90.00

(502) 564-3490 www.sos.ky.gov			
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following		eby applies for authority to transact l	business in Kentucky on behalf of the entity named below
1. The entity is a: profit corpora business trus limited partne non-profit llc	t v l	nonprofit corporation limited liability company ltd cooperative association professional service corporation	professional limited liability company statutory trust other
2. The hame of the chity is	erior Partners, LLC name must be identical to	o the name on record in the state v	where the entity was formed.)
3. The name of the entity to be used in ${\bf k}$	Centucky is (if applicable):_	(Only provide if name on line 2	is unavailable for use: otherwise. leave blank.)

and the period of duration is

City

Cincinnati

City

Frankfort

Valor Exterior Partners Holdings, LLC, Manager	7754 Camargo Road, Suite 18	Cincinnati	OH	45243
Name -	Street or P.O. Box	City	State	Zip Code
Kurt Schwab, Vice President/Secretary	4030 W Boy Scout Boulevard, Sutie 915	Tampa	FL	33607
Name	Street or P.O. Box	City	State	Zip Code
Jerry Arteaga, CEO	4030 W Boy Scout Boulevard, Suite 915	Tampa	FL	33607
Name	Street or P.O. Box	City	State	Zip Code
	all the individual about baldous, not le	se than one half (1/2) of t	he directors, and all of t	he officers other than the secre-
If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	re states or territories of the United S			

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable:

Kust R Salmet	Kurt Schwab, Vice President and Secretary		03/18/2025		
Signature of Authorized Representative	Printed Na	Printed Name & Title		Date	
Corporation Service Company	, consent to serve	e as the registered agent on be	ehalf of the business	entity.	
Type/Print Name of Registered Agent JWWW Reyes Signature of Registered Agent	Judith Reyes	Asst. Secy.		3/19/2025	
Signature of Registered Agent	Printed Name	Title		Date	

Division of Business Filings

5. The date of organization is _

7754 Camargo Road, Suite 18

Street Address (No P.O. Box Numbers)

Street Address

421 West Main Street

6. The mailing address of the entity's principal office is

7. The street address of the entity's registered office in Kentucky is

12. If a limited liability company, check the box if manager-managed:

4. The state or country under whose law the entity is organized is Delaware June 28, 2024

and the name of the registered agent at that office is Corporation Service Company

P.O. Box 718

Frankfort, KY 40602