

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1301875.09

dwilliams ADD

8/16/2023

Date

Assistant Secretary

Title

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/17/2023 12:03 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Busine			ree Receipt: \$90	7.00	
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following		or authority to transact b	usiness in Kentu	ucky on behalf of th	e entity named belo	
business trus limited partne non-profit llc The name of the entity is IM Fleet	business trust Ilimited liability limited partnership		statutory public be other			
3. The name of the entity to be used in I	Kentucky is (if applicable):					
4. The state or country under whose law 5. The date of organization is 05/13/2	(Only prov the entity is organized is Delawar			ıse; otherwise, lea	ve blank.)	
		and the period of duratior		uration is consider	red perpetual.)	
6. The mailing address of the entity's principal office is 1333 New Hampshire Ave NW, Ste 440		Washington	D.C.	2003	6	
Street Address		City	State	Zip Co		
7. The street address of the entity's regi 828 Lane Allen Rd Ste 219	stered office in Kentucky is	Lexington	KY	40504	1	
Street Address (No P.O. Box Numbers)		City		State	Zip Code	
and the name of the registered agent at	that office is Capitol Corporate Se	rvices, Inc.				
8. The names and business addresses	of the entity's representatives (secretary	/, officers and directors,	•	ees or general partn	iers):	
	1333 New Hampshire Ave NW	- 	<u>D.C.</u>		20036	
Name SungHwan Cho	Street or P.O. Box 1333 New Hampshire Ave NW	c _{ity} Washington	State D.C.			
Name Guillermo Coustasse	Street or P.O. Box 1333 New Hampshire Ave NW	City Washington	State D.C.	Zip Co 2003		
Name	Street or P.O. Box	City	State	Zip Co		
9. 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 United State					
10. I certify that, as of the date of filing the	nis application, the above-named entity	validly exists under the la	aws of the jurisd	iction of its formation	n.	
11. If a limited partnership, it elects to be	a limited liability limited partnership. (Check the box if applicab	le:			
12. If a limited liability company, check	box if manager-managed:					
13. This application will be effective upor	n filing.					
Soll	Suna	Hwan Cho, Offic	er	08/16/2023		
Signature of Authorized Representative	Sang	Printed Name & Title		Date		
Capitol Corporate Services, Ir	nC, cons	ent to serve as the regis	tered agent on b	pehalf of the busines	ss entity.	

Leigh Johnson

Printed Name

Signature of Registered Agent

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IM FLEET, LTD." IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-EIGHTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "IM FLEET, LTD." IS A SERIES STATUTORY TRUST.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IM FLEET, LTD."

WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2022.



Authentication: 203848058

Date: 07-28-23

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