

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed:

8/6/2024 3:47 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ertificate of A			FBE	
Pursuant to the provisions of KRS and, for that purpose, submits the	14A - 030 the undersigned following statements:	hereby applies for	authority to transact	business in Kentuc	ky on behalf of the	entity named belo
1. The entity is a: profit corporation business trust limited partnership non-profit llc		nonprofit corporation limited liability company ltd cooperative association professional service corporation EP SALES, INC				
	(The name must be identic		record with the Sec	cretary of State.)		
3. The name of the entity to be us4. The state or country under who5. The date of organization is	se law the entity is organize	(Only provid	le if "real name" is	Delaware	e; otherwise, leav	/e blank.)
The date of organization is	Julie 10, 202-	and and	I the period of durati	on is (If left blank, dur	ation is consider	ed perpetual.)
The mailing address of the entirement.Park A	ty's principal office is Avenue - 9th Floor		New York	, N		10016
Street Address		-	City	State	Zip Cod	*
7. The street address of the entity	's registered office in Kentud Ilen Road Suite 219	ky is	Lexington	107		40504
Street Address (No P.O. Box Nu			City	KY	State	Zip Code
and the name of the registered age			•	y Global Inc.		m.p oodo
		stativas (asaratan) a				
Jerald Kamiel	dresses of the entity's representatives (secretary 99 Park Avenue				VY 10016	
Name	Street or P.O. Box		City	State	Zip Cod	
David Fligel	99 Park A	venue	New York	NY		10016
Name	Street or P.O. Box	C	City	State	Zip Coo	le
Name	Street or P.O. Box	C	City	State	Zip Cod	le
 If a professional service corpora and treasurer are licensed in one of statement of purposes of the corporation. I certify that, as of the date of fire 	r more states or territories o ration.	f the United States o	or District of Columb	ia to render a profes	ssional service des	scribed in the
11. If a limited partnership, it elects	to be a limited liability limite	d partnership. Che	ck the box if applica	ble:		
12. If a limited liability company,	check box if manager-man	aged:				
പ്പിയാപ്പ്യാക്കും	upon filing.					
wid Fligel					August 6th	2024
-087FF72161FF4A5			Fligel, Vice Pres.& Secretary			
Signature of Authorized Representati	ve	Р	rinted Name & Title		Date	
I, Cogenc Type/Print Name of Registered Age	y Global Inc.	, consent	to serve as the regi	stered agent on beh	alf of the business	entity.
liter		David Feins	Assistant Sec		retary 8/6/2024	
Signature of Registered Agent	Pr	inted Name		Title		Date



The First State

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

DELAWARE, DO HEREBY CERTIFY "EP SALES, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EP SALES, INC."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

TARY'S OFFICE OF THE PROPERTY OF THE PROPERTY

3967535 8300

SR# 20243239411

You may verify this certificate online at corp.delaware.gov/authver.shtml

Joffrey W. Bullock, Secretary of State

Authentication: 204015323

Date: 07-25-24