

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **ACTIVATED STAYS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Tennessee**.
5. The date of organization is **1/3/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

6844 Bardstown Road, #668
Louisville, KY 40291

8. Required Representatives

Member	Jennifer Schrader	545 Great Circle Rd Apt 409	Nashville	TN	37228
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9. Registered Agent/Office

REPUBLIC REGISTERED AGENT LLC
271 W. Short St Ste 410
Lexington, KY 40506

I, **Wesley Dolan**, consent to sign for **REPUBLIC REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, February 16, 2023

As the Authorized Representative, I, **Jennifer Schrader**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**