Kentucky Secretary of State Received and Filed: 12/5/2023 2:33 PM

Michael G. Adams

Fee Receipt: \$90.00

mmoore ADD



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business F | lings |
|-------------------------------|-------|
| P.O. Box 718 | |
| Frankfort, KY 40602 | |
| (502) 564-3490 | |
| www.sos ky gov | |

. .

Certificate of Authority (Foreign Business Entity) FBE

Pursuant to the provisions of KRS 14A - 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:

| | imited liability company | statutory trust | |
|--|---|--|---|
| limited partnership | | | |
| | Itd cooperative association | public benefit | corporation |
| non-profit llc | professional service corporation | other | |
| odyssey Intermediate Holdings, I | nc | | |
| (The name must be identical to | the name on record with the Sec | cretary of State.) | |
| to be used in Kentucky is (if applicable): | | | |
| | | unavailable for use; o | therwise, leave blank.} |
| der whose law the entity is organized is | Delaware | | |
| is 07/02/2015 | and the period of durati | on is perpetual | · · · · · · · · · · · · · · · · · · · |
| | | (If left blank, duration | n is considered perpetual.) |
| | | | |
| wy, Suite 600 | | | 75034 |
| | City | State | Zip Code |
| te entity's registered office in Kentucky is | 3 | | |
| aite 512 | Frankfort | KY | 40601 |
| Street Address (No P.O. Box Numbers) | | Sta | te Zip Code |
| ered agent at that office is C T Corpor | ration System | | |
| ss addresses of the entity's representativ | ves (secretary, officers and directors | s, managers, trustees of | general partners): |
| 5844 John Hickman Pk | wy, Suite 6(Frisco | TX | 75034 |
| Street or P.O. Box | City | State | Zip Code |
| 5844 John Hickman P | kwy, Suite (Frisco | TX | 75034 |
| Street or P.O. Box | City | State | Zip Code |
| 5844 John Hickman P | kwy, Suite (Frisco | TX | 75034 |
| Street or P.O. Box | City | State | Zip Code |
| | is Odyssey Intermediate Holdings, I (The name must be identical to to be used in Kentucky is (if applicable): der whose law the entity is organized is in <u>07/02/2015</u> the entity's principal office is kwy, Suite 600 he entity's registered office in Kentucky is aite 512 Box Numbers) ered agent at that office is <u>C T Corpor</u> is addresses of the entity's representation <u>5844 John Hickman Pk</u> Street or P.O. Box <u>5844 John Hickman P</u> Street or P.O. Box <u>5844 John Hickman P</u> | is Odyssey Intermediate Holdings, Inc (The name must be identical to the name on record with the Sec to be used in Kentucky is (if applicable): (Only provide if "real name" is der whose law the entity is organized is Delaware or is 07/02/2015 and the period of durate the entity's principal office is (wy, Suite 600 Frisco City the entity's registered office in Kentucky is aite 512 Frankfort Box Numbers) City ered agent at that office is <u>C T Corporation System</u> ss addresses of the entity's representatives (secretary, officers and directors 5844 John Hickman Pkwy, Suite 6(Frisco Street or P.O. Box Street | is Odyssey Intermediate Holdings, Inc (The name must be identical to the name on record with the Secretary of State.) to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; or der whose law the entity is organized is Delaware or is 07/02/2015 and the period of duration is perpetual (If left blank, duration the entity's principal office is (If left blank, duration the entity's registered office in Kentucky is aite 512 Box Numbers) (If left blank, duration (If left blank, duration (If left blank, duration)) the entity's registered office in Kentucky is aite 512 Frisco TX City Box Numbers) City State ered agent at that office is 5844 John Hickman Pkwy, Suite 6(Frisco TX Street or P.O. Box Street or P.O. Box City State 5844 John Hickman Pkwy, Suite (Frisco TX Street or P.O. Box Street or P.O. Box City State 5844 John Hickman Pkwy, Suite (Frisco TX Street or P.O. Box City State 5844 John Hickman Pkwy, Suite (Frisco TX Street or P.O. Box City State 5844 John Hickman Pkwy, Suite (Frisco TX |

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

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

13. This approal on will be effective upon filing.

| Signature of Augura Azed Representative | Telisa Webb Schelin, SVP & General Cou | |
|---|--|------|
| Signature of Auto ized Representative | Printed Name & Title | Date |

I, C T Corporation System _____, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

C T Corporation System

| Signature of Registered Agent | Printed Name | Title | Date |
|-------------------------------|-----------------|----------------|----------|
| By: | Sherry McGinnes | Asst Secretary | 11/29/23 |