

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/26/2023 2:43 PM Fee Receipt: \$90.00

Date

Pursuant to the provisions of KRS 14A – 0 and, for that purpose, submits the following 1. The entity is a: profit corporation business trust limited partnersh non-profit llc 2. The name of the entity is LEAF OF VAP (The nam 3. The name of the entity to be used in Ken 4. The state or country under whose law the 5. The date of organization is 9/24/2018 6. The mailing address of the entity's principal and the following the state of the entity's principal and the state of the entity is principal and the state of the entity is principal and the state of the state of the entity is principal and the state of the enti	n nonprolimited ltd cool profess PE LLC ne must be identical to the natural stucky is (if applicable): (Onl	fit corporation liability company perative association ional service corporation	professional statutory trus public benefit other	limited liability company st t corporation
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4. The state or country under whose law the 5. The date of organization is 9/24/2018	(Onl	y provide if "real name" is u	navailable for use	
4. The state or country under whose law the 5. The date of organization is 9/24/2018	(Onl	y provide if "real name" is u	navailable for use	
5. The date of organization is 9/24/2018	e entity is organized is Florida		navanable for use,	otherwise, leave blank.)
			Domestical	1 11 11 11 11 11 11 11 11
6. The mailing address of the entity's princip		and the period of duration	I is Perpetual	ion is considered perpetu
	pal office is		(ii leit blaik, dulau	ion is considered perpetu
1201 Tech Boulevard, Suite 109		Tampa	FL FL	33619
Street Address		City	State	Zip Code
7. The street address of the entity's register	red office in Kentucky is			
421 West Main Street		Frankfort	KY	40601
Street Address (No P.O. Box Numbers)		City	St	ate Zip Code
	1 Tech Boulevard, Suite 109 eet or P.O. Box	Tampa City	FL State	33619 Zip Code
				Lip oodo
lame Stre	et or P.O. Box	City	State	Zip Code
ame Stre	et or P.O. Box	City	State	Zip Code
If a professional service corporation, all the not treasurer are licensed in one or more statement of purposes of the corporation. I certify that, as of the date of filing this ap	tes or territories of the United	States or District of Columbia	to render a professi	onal service described in the
. If a limited partnership, it elects to be a lim	ited liability limited partnership	o. Check the box if applicable	e: 🔲	
. If a limited liability company, check box i	if manager-managed:			
This application will be effective upon filling		hanad Hilmi, Manager-Mem	her	79/05/23
nature of Authorized Representative		Printed Name & Title		Date
Corporation Service Company	, c	onsent to serve as the regist	ered agent on behal	If of the business entity
pe/Print Name of Registered Agent				
Budajewark	Linda Snook		1-1-110	09/27

Printed Name

Title

Signature of Registered Agent