

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$142.00

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

RCA

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: HEM QOZ LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Indiana.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

2036 N. DELAWARE ST UNIT A
INDIANAPOLIS, IN 46202

Registered Agent Name/Address

Gailen Bridges
732 Scott Street
Covington, KY 41011

Members/Managers

Member	Rosanne Ammirati	2036 N Delaware St. Unit A Indianapolis, IN 46202
Member	Hannah Wipper	1225 N New Jersey St Indianapolis, IN 46202
Manager	Kevin R Krulewtich	2036 N Delaware St Unit A Indianapolis, In 46202

6. Kevin R Krulewitch, Manager, on 10/30/2023

7. I, Gailen Bridges, consent to serve as the registered agent on behalf of the this entity on 10/30/2023