

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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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 entity is a **profit corporation**.

2. The name of the entity is

DDH & AFFILIATES INC

3. The state or country under whose law the entity is organized is **New York**.

4. The date of organization is **7/18/2017** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

3 woodville rd, middle island, NY 11953

6. The street address of the entity's registered office in Kentucky is

2465 Benson Creek Rd, Lawrencburg, KY 40342

and the name of the registered agent at that office is **Nicholas Dessauer**.

7. This application will be effective on **Thursday, April 25, 2024**.

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

I, **Nicholas Dessauer**, consent to serve as the **Registered Agent** on behalf of this profit corporation company.