



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1329587.09

kdcoleman
ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
12/28/2023 12:25 PM
Fee Receipt: \$90.00

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

Certificate of Authority
(Foreign Business Entity)

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:

1. The entity is a: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is ALPR HOSTING SOLUTION CORP.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 10/14/2020 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
114 Avenue U, Brooklyn, NY, 11223

Street Address	City	State	Zip Code
----------------	------	-------	----------

7. The street address of the entity's registered office in Kentucky is <u>828 Lane Allen Road Suite 219</u>	<u>Lexington</u>	<u>KY</u>	<u>40504</u>
--	------------------	-----------	--------------

Street Address (No P.O. Box Numbers)	City	State	Zip Code
--------------------------------------	------	-------	----------

and the name of the registered agent at that office is Registered Agent Solutions, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
------	--------------------	------	-------	----------

<u>George Badr</u>	<u>114 Avenue U,</u>	<u>Brooklyn</u>	<u>NY</u>	<u>11223</u>
--------------------	----------------------	-----------------	-----------	--------------

Name	Street or P.O. Box	City	State	Zip Code
------	--------------------	------	-------	----------

Name	Street or P.O. Box	City	State	Zip Code
------	--------------------	------	-------	----------

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

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 application will be effective upon filing.

<u>George Badr</u> Signature of Authorized Representative	<u>George Badr, CEO</u> Printed Name & Title	<u>12/28/2023</u> Date
--	---	---------------------------

I, REGISTERED AGENT SOLUTIONS, INC., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

<u>[Signature]</u> Signature of Registered Agent	<u>JOSE MOJICA</u> Printed Name	<u>ASST. SECY.</u> Title	<u>12/28/2023</u> Date
---	------------------------------------	-----------------------------	---------------------------

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ALPR HOSTING SOLUTION CORP.
DOS ID Number: 5856871
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/14/2020

Statement Status: CURRENT
Statement Due Date: 10/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 26, 2023 at 12:07 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004892266 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>