

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

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 business entity is a **profit corporation**.
2. The name of the entity is: **KARES MANAGEMENT, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **New Jersey**.
5. The date of organization is **9/14/1999** and the period of duration is **perpetual**.

7. Principal Office

3 Executive Campus
Suite 570
Cherry Hill, NJ 08002

8. Required Representatives

Officer	Brian Kares	3 Executive Campus, Suite 570	Cherry Hill	NJ	08002
Officer	Don Sullivan	3 Executive Campus, Suite 570	Cherry Hill	NJ	08002
Officer	Stu Sklar	3 Executive Campus, Suite 570	Cherry Hill	NJ	08002

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Renee Patterson**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, August 11, 2023

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