



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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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:
- | | | |
|---|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input checked="" type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> other |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | |

2. The name of the entity is MERCER ALLIED COMPANY, L.P.
(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable): DELAWARE
(Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 10/11/1994 and the period of duration is (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
321 BROADWAY, SARATOGA SPRINGS, NY 12866
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. MAIN STREET, SUITE 512, FRANKFORT
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T CORPORATION SYSTEM

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
GS AYCO HOLDING LLC, 321 BROADWAY, SARATOGA SPRINGS, NY 12866
Name Street or P.O. Box City State Zip Code

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 the box if manager-managed: ☐

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: ☐

Julie Abraham Hausen JULIE ABRAHAM HAUSEN 2/10/25
Signature of Authorized Representative Printed Name & Title Date

I, C T CORPORATION SYSTEM, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Stephen Rullis VP & Asst. Secy. 2/4/25
Signature of Registered Agent Printed Name Title Date

Delaware

The First State

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I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERCER ALLIED COMPANY, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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SR# 20250385903

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez", written over a horizontal line.

Charuni P. Sanchez, Secretary of State

Authentication: 202856909

Date: 02-04-25