

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1321490.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/15/2023 10:57 AM Fee Receipt: \$90.00

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

Certificate of Authority

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow		ereby applies for authority to transac	ct business in Kentuc	ky on behalf of the entity named below
1. The entity is a: profit corpora	tion	nonprofit corporation professional limited liability company		
business trus		limited liability company	statutory tr	
limited partne	rship	Itd cooperative association		efit corporation
non-profit llc		professional service corporation	other	
2. The name of the entity is $\frac{\text{DISNEY I}}{\text{(The r}}$	PROCUREMENT, L	LC to the name on record with the Se	ecretary of State.)	·
3. The name of the entity to be used in I	Centucky is (if applicable	e): (Only provide if "real name" is	s unavailable for us	e: otherwise leave blank)
4. The state or country under whose law	the entity is organized		o anavanabie ioi as	e, otherwise, leave slama,
5. The date of organization is 08/16/20		and the period of dura	tion is PERPETU	AL
o. The date of organization is		and the period of data	(If left blank, du	ration is considered perpetual.)
6. The mailing address of the entity's pri	ncipal office is			
500 South Buena Vista Street		BURBANK	CA	91521
Street Address		City	State	Zip Code
7. The street address of the entity's regi 421 West Main Street	stered office in Kentucky	∕ is Frankfort	KY	40601
Street Address (No P.O. Box Numbers	3)	City		State Zip Code
and the name of the registered agent at	that office is Corporat	ion Service Company		
8. The names and business addresses			re managere trustee	es or deneral partners).
SEE ATTACHED	of the entity's represente	alives (secretary, officers and director	is, managers, irustee	s or general partiters).
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, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of t			
10. I certify that, as of the date of filing the	is application, the above	e-named entity validly exists under th	e laws of the jurisdic	tion of its formation.
11. If a limited partnership, it elects to be	a limited liability limited	partnership. Check the box if applic	cable:	
12. If a limited liability company, check	box if manager-mana	ged:		
13. This application will be effective upor	ı filing.	DISNEY WORLDWIDE SERV	/ICES, INC., as Mem	ber
Chapin A. Havayy				
Signature of Authorized Representative		By: Chakira H. Gavazzi, Printed Name & Title	, its Secretary	October 19, 2023
_				
I, Corporation Service Company		consent to some as the re-	distand agent on he	half of the husiness ontity
Type/Print Name of Registered Agent		, consent to serve as the re	gistered agent on be	nan or the business entity.
Jorge Feliciano-Amezque	ita Co	rporation Service Company	Assistant Secre	etary 11/14/2023
Signature of Registered Agent		nted Name	Title	Date

DISNEY PROCUREMENT, LLC

Response to Item 8

NAME: TITLE: ADDRESS:

DISNEY WORLDWIDE SERVICES, INC., MEMBER

1375 Buena Vista Drive 4th Floor North Lake Buena Vista FL 32830