



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
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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, [ ] business trust, [ ] limited partnership, [ ] non-profit llc, [X] nonprofit corporation, [ ] limited liability company, [ ] ltd cooperative association, [ ] professional service corporation, [ ] professional limited liability company, [ ] statutory trust, [ ] other

2. The name of the entity is Herc CARE LLC
(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):
(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 05/07/2024 and the period of duration is
(if left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
27500 Riverview Center Blvd. Bonita Springs FL 34134
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 KY 40601
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):

Table with 5 columns: Name, Street or P.O. Box, City, State, Zip Code. Row 1: Herc Management Holdings LLC, 27500 Riverview Center Blvd., Bonita Springs, FL, 34134.

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: [ ]

Signature of Authorized Representative: [Signature]
DEREK LIVELY, AUTHORIZED PERSON
Printed Name & Title
02/03/2025
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

By: C T Corporation System [Signature] SEAN L. EMERICK ASSISTANT SECRETARY 02/03/2025
Signature of Registered Agent Printed Name Title Date