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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/30/2024 11:23 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Busi			WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpose, sub	mits the following		wal on behalf of the
1. The name of the business en	tity is Five Star Brooks	ide LLC e identical to the na	ame on record with the	Secretary of State.)
2. The state or country of format	tion is			
The Secretary of State may for on the Secretary of State and		•	· ·	•
Two Newton Place, 255 Washin	gton Street, Suite 230	Newton	MA	02458
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code

- 4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.
- 5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.
- 6. This application will be effective upon filing.

I declare under penalty of	of periupy under the	he laws of Kentucky	that the forgoing i	s true and correct
i deciare under benaliv d	n benury under ir	ne laws of Kenilicky	mai me iordoino i	s ime and correct

21/1	Jeffrey C. Leer	12/30/24	
Signature of Authorized Representative	Printed Name	Date	
	President and Chief Executive Officer of FSQ, Inc.,		