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Michael G. Adams

Kentucky Secretary of State Received and Filed: 11/22/2022 10:57 AM

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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

	MICHAEL G. ADAMS	S, SECRETARY OF	STATE	Fee Receipt: \$90.00	
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follo		s for authority to transact	t business in Kentuck	y on behalf of the entity named below	
 The entity is a: profit corport business transformed busine	ust Imited liab nership Itd coopera c profession	corporation bility company ative association bal service corporation	professiona statutory tru other	l limited liability company st	
2. The name of the entity is 10/serie	a name must be identical to the name	e on record with the Se	cretary of State.)		
 The name of the entity to be used in The state or country under whose la 	(Only p		unavailable for use	; otherwise, leave blank.)	
5. The date of organization is $11/21/2$	-	and the period of durat	ion is Perpetual	·	
			(If left blank, dura	tion is considered perpetual.)	
6. The mailing address of the entity's p One Porsche Drive	principal office is	Atlanta	GA	30354	
Street Address		City	State	Zip Code	
7. The street address of the entity's re 306 W. Main Street, Suite 512	gistered office in Kentucky is	Frankfort	KY	40601	
Street Address (No P.O. Box Number		City	5	State Zip Code	
and the name of the registered agent a	t that office is C T Corporation S	ystem		·	
8. The names and business addresses	s of the entity's representatives (secret	tary, officers and directors	s, managers, trustees	or general partners):	
			GA	SEE ATTACHMENT 30354	
Karsten von Engeln Name	One Porsche Drive Street or P.O. Box	Atlanta City	State	Zip Code	
Vivien Hasenjaeger	One Porsche Drive	Atlanta	GA	30354	
Name	Street or P.O. Box	City	State	Zip Code	
George Feygin	600 Anton Blvd., Suite 1280	Costa Mesa	GA	92626	
Name	Street or P.O. Box	City	State	Zip Code	
 9. If a professional service corporation, and treasurer are licensed in one or mestatement of purposes of the corporate 10. I certify that, as of the date of filing 11. If a limited partnership, it elects to b 12. If a limited liability company, chee 13. This application will be effective up 	on states or territories of the United Ston. this application, the above-named enti- be a limited liability limited partnership. ck box if manager-managed:	tates or District of Columb ity validly exists under the Check the box if applica	bia to render a profes e laws of the jurisdicti able:	sional service described in the	
	Johr	n Boncuore, Asst. Seci	ret		

L C T Corporation System consent to serve as the registered agent on behalf of the business entity. Type/Print/Name of Registered Age Stephen Rullis Asst. Secretary 11/21/2022 By: Date Printed Name Title Signature of Register d Agent

Printed Name & Title

Signature of Authorized Representative

Date

Attachment to Kentucky Officers & Directors

1	Full Name:
	Officer/Director:
	Business Address:
	City:
	State:
	ZIP Code:
2	Full Name:
	Officer/Director:
	Business Address:
	City:
	State:
	ZIP Code:
3	Full Name:
	Officer/Director:
	Business Address:
	City:
	State:
	ZIP Code:

John Boncuore Officer One Porsche Drive Atlanta GA 30354 Ashley Massengale Officer One Porsche Drive Atlanta GA 30354 Volker Strotmeier Director One Porsche Drive Atlanta CA 30354