

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **profit corporation**.
2. The name of the entity is: **SPECIALTY PROFESSIONAL SERVICES, CORP.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **New York**.
5. The date of organization is **3/22/1993** and the period of duration is **perpetual**.

**7. Principal Office**

17-20 Whitestone Exp.  
Suite 303  
Whitestone, NY 11357

**8. Registered Agent/Office**

Registered Agents  
212 N. 2nd Street  
Suite 100  
Richmond, KY 40475

I, **David Roberts, Assistant Secretary**, consent to sign for **Registered Agents** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, June 29, 2023

As the Authorized Representative, I, **Matthew Scherr**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**