Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 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** limited liability company.
- The name of the entity is Preferred Vacations.
- 3. The name of the entity to be used in Kentucky is **Preferred Vacations L.L.C.**.
- 4. The state or country under whose law the entity is organized is Massachusetts.
- 5. The date of organization is 11/21/2016.
- 6. The mailing address of the entity's principal office is **135 East Main Street**, **Suite 201**, **Georgetown**, **KY 40324**.
- 7. The street address of the entity's registered office in Kentucky is **135 East Main Street**, **Suite 201**, **Georgetown**, **KY 40324** and the name of the registered agent in that office is **Thomas Carr**.
- 8. The names and business addresses of the entity's representatives:
- 9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 10. This application will be effective on filing.

Signature of Authorized Representative: **Thomas Carr**

I, **Thomas Carr**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Thomas Carr