

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/12/2022 9:46 AM 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)

Pursuant to the provisions of KRS 14/		by applies for authority to tr	ansact business in Kentuck	y on behalf of the entity named below	
and, for that purpose, submits the follo	wing statements:				
1. The entity is a: profit corpo	ration <u> </u>	nonprofit corporation		professional limited liability company	
business tr	ust Iimited liability company		statutory trust		
limited part	nership LL It	d cooperative association	other		
non-profit II	с Шр	rofessional service corporat	tion		
2. The name of the entity is MERCER	ACQUISITIONS & PROPERTY I	MANAGEMENT, LP			
	e name must be identical to		the Secretary of State.)		
3. The name of the entity to be used in	n Kentucky is (if applicable):				
•	, , , , , , , , ,		me" is unavailable for use	; otherwise, leave blank.)	
4. The state or country under whose la	aw the entity is organized is_FI	LORIDA			
5. The date of organization is 03/08/2022		and the period o	and the period of duration is PERPETUAL		
	nuinainal affica in		(If left blank, dura	tion is considered perpetual.)	
6. The mailing address of the entity's principal office is 3236 32ND COURT		JUPITER	FL	33477	
Street Address		City	State	Zip Code	
		Oity	Olulo	2.6 0000	
<ol><li>The street address of the entity's re 101 NORTH SEVENTH STREET</li></ol>	egistered office in Kentucky is	LOUISVILLE	107	40202	
Street Address (No P.O. Box Number	ers)	City	KY	State Zip Code	
•	•	•	,	p	
and the name of the registered agent a				··	
<ol><li>The names and business addresse</li></ol>	s of the entity's representative	s (secretary, officers and di	irectors, managers, trustees	or general partners):	
MERCER ACQUISITIONS & PROPERTY MANAGEMENT, INC.	3236 32ND COURT	JUPITER	FL	33477	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation	ore states or territories of the				
10. I certify that, as of the date of filing	this application, the above-na	med entity validly exists un	der the laws of the jurisdiction	on of its formation.	
11. If a limited partnership, it elects to	be a limited liability limited par	tnership. Check the box if	applicable:		
12. If a limited liability company, che	ck box if manager-managed				
13. This application will be effective up	on filing.				
mee	MERCER ACQUISITIONS & P	ROPERTY MANAGEMENT.	INC., GENERAL PARTNER		
	BY: JOSEPH PANHOLZER, SP.			4/12/2022	
Signature of Authorized Representative		Printed Name 8	& Title	Date	
CORPORATE CREATIONS NETWOR	K INC.	consent to serve as	the registered agent on beh	alf of the business entity	
Type/Print Name of Registered Agent	<u> </u>	, 551155111 10 561 10 45	ogiotoroa agont on bon	a. J. ale suchiose office.	
	11) ()				
		OS ALVAREZ	SPECIAL SECRETARY		
Signature of Registered Agent	Printed	Name	Title	Date	