

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1393900.09

Asstistant Vice President 09/09/2024

Title

Date

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/10/2024 8:10 AM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Bus	iness Entity)			
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		es for authority to transact b	ousiness in Kentucky on	behalf of the entity named below	
The entity is a: profit corporation business true limited partn non-profit llc The name of the entity is MRB Group.	ership Itd coope professio	corporation ability company rative association nal service corporation	statutory trust public benefit cor other	ed liability company	
(The	name must be identical to the nan		etary of State.)		
3. The name of the entity to be used in	Kentucky is (if applicable): MRB Gro	oup Consulting, P.S.C.			
4. The state or country under whose law	w the entity is organized is Pennsyl	provide if "real name" is u Ivania	navailable for use; othe	erwise, leave blank.)	
5. The date of organization is Decemb	er 8, 2020	and the period of duratio	n is	is considered perpetual.)	
6. The mailing address of the entity's p	rincipal office is		(II leit blank, duration	is considered perpetuali,	
145 Culver Road, Suite 160		Rochester	New York	14620	
Street Address		City	State	Zip Code	
7. The street address of the entity's reg 400 West Market Street, Suite 1800	jistered office in Kentucky is	Louisville	KY	40202	
Street Address (No P.O. Box Number	rs)	City	State	Zip Code	
and the name of the registered agent at	that office is Universal Registered	Agents, Inc.			
8. The names and business addresses			managers, trustees or go	eneral partners):	
Ryan T. Colvin	145 Culver Road, Suite 160	Rochester	New York	14620	
Name	Street or P.O. Box	City	State	Zip Code	
James J. Oberst	145 Culver Road, Suite 160	Rochester	New York	14620	
Name	Street or P.O. Box	City	State	Zip Code	
Jeremy Gworek	145 Culver Road, Suite 160	Rochester	New York	14620	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio	re states or territories of the United S n.	States or District of Columbi	a to render a professiona	al service described in the	
10. I certify that, as of the date of filing t			_	its formation.	
11. If a limited partnership, it elects to b		o. Check the box if applical	ole:		
12. If a limited liability company, chec	k box if manager-managed: 🔲				
13. This application will be effective upo	on filing.				
MA	Ryan T. Colvin President		Ser	Sep 9, 2024	
Signature of Authorized Representative		Printed Name & Title		Date	
Universal Registered Ag	ents, Inc.			11 - L - L	
Type/Print Name of Registered Agent	, <u> </u>	consent to serve as the regis	stered agent on behalf of	tne business entity.	

Bonnie Zanetti

Printed Name

Signature of Registered Agent

Digitally signed by Bonnie Zanetti

Date: 2024.09.09 14:39:33 -06'00'