

## 1269501.09

Kentucky Secretary of State Received and Filed:

Michael G. Adams

mmoore ADD

Com	IONWEA	LTH OF	Kent	UC	KY
MICHAEL /	Adams,	SECRE	TARY	OF	STATE

	MICHAEL ADAMS, SECRETARY OF STATE			3/22/2023 10:58 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 Author (Foreign Business Entity)	ity		FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			reby applies for au	hority to transact business in Kentucky
business trus limited partne non-profit lic	t (KRS 386). Iimited liabil ership (KRS 362). It cooperat (KRS 275) cooperative	Image: statutory trustImage: statutory trustassn. (KRS)Image: statutory trust		
2. The name of the entity is The Newa (The name	ark Group, Inc. ne must be identical to the name on reco	rd with the Secretary of St	ate.)	
3. The name of the entity to be used in l	(Only pro	vide if "real name" is unav	ailable for use; other	wise, leave blank.)
4. The state or country under whose law				······································
5. The date of organization is <u>04/26/19</u>	88	and the period of duratio		on is considered perpetual.)
6. The mailing address of the entity's pr	incipal office is		the fore braining durate	shi o considered perpetudity
425 Winter Road		Delaware	OH	43015
Street Address		City	State	Zip Code
7. The street address of the entity's regi	stered office in Kentucky is			
421 West Main Street		Frankfort	<u>KY</u>	40601
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at	that office is <u>Corporation Service</u> C	Company		· · ·
8. The names and business addresses			managers foustee	s or general partners).
		-	, munagers, nusice	s of general partners).
	425 Winter Road	Delaware	OH	43015
Name	Street or P.O. Box	City	State	Zip Code
<u>Gary R. Martz</u> Name	425 Winter Road Street or P.O. Box	Delaware City	OH State	43015 Zip Code
Tony Krabill	425 Winter Road	Delaware	OH	43015
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the ind more states or territories of the United States or D				secretary and treasurer are licensed in one or
10. I certify that, as of the date of filing the filing the second secon	nis application, the above-named entity	validly exists under the	laws of the jurisdict	
12. If a limited liability company, check				
13. This application will be effective upor	n filing, unless a delayed effective date	and/or time is provided.		
The effective date or the delayed effective	e date cannot be prior to the date the	application is filed. The	date and/or time is	*
Please indicate the Kentucky county in wi County:	hich your business operates:			
	To complete the following, p	lease shade the box comp	letely.	
Please indicate the size of your business: Please indicate whether any of the following make up more than fifty percent (50%) of your business owners   Small (Fewer than 50 employees) Women-Owned Veteran Owned Minority Owned				
Please indicate which of the following be	st describes your husiness.			
	•			
Wholesale Trade Retail Public Administration		Finance, Insuran	ice, Real Estate	
Llother Mul	f	D Morta Corretora		
1000		R. Martz, Secretary		02/09/2023
Signature of Authorized Representative		Printed Name & Title		Date Date
Type/Print Name of Registered Agent	, con Shauna Codhe	sent to serve as the regis	stered agent on ber	alf of the business entity.
By: Shauna Godbolt			Assistant Secreta	ury 03/21/2023
Signature of Registered Agent	Printed Name		Fitle	Date

The Newark Group, Inc.

Additional Director:

Ole Rosgaard, 425 Winter Road, Delaware, OH 43015