

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/31/2022 2:28 PM Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.kv.gov

## Certificate of Authority

(Foreign Business Entity)

<u>www.sos.ky.gov</u>							
Pursuant to the provisions of KRS and, for that purpose, submits the		ed hereby applies fo	or authority to transac	t business in Kentud	cky on behalf of th	ne entity named belo	
1. The entity is a: profit co	orporation	nonprofit corp	ooration	profession	nal limited liability	company	
busines	· .	limited liability		statutory t	•	Sompany	
	partnership	Itd cooperativ	· · ·	other	ruot		
non-pro	' ' '		service corporation				
2. The name of the entity is Annex							
2. The name of the entity is	(The name must be iden	tical to the name o	n record with the Se	ecretary of State.)		<u> </u>	
3. The name of the entity to be us	ed in Kentucky is (if applic	cable):				_	
•	, , , ,	(Only prov	/ide if "real name" is	s unavailable for us	e; otherwise, lea	ve blank.)	
4. The state or country under who		zed is Delaware				<del>-</del>	
5. The date of organization is Augu	ıst 5, 2022	a	nd the period of dura			<del></del> :,	
6. The mailing address of the entit	v's principal office is			(If left blank, du	ration is conside	red perpetual.)	
c/o Legal Department, Integrity Marketin		enue, Floor 22	Dallas	TX	75202		
Street Address		· · · · · · · · · · · · · · · · · · ·	City	State	Zip Co	ode	
7. The street address of the entity	's registered office in Kent	tucky is					
421 West Main Street		•	Frankfort	KY	40601		
Street Address (No P.O. Box Nu	mbers)		City		State	Zip Code	
and the name of the registered age	ent at that office is Corpor	ation Service Comp	any				
8. The names and business addre	esses of the entity's repres	sentatives (secretary	, officers and director	rs, managers, trustee	es or general parti	ners):	
See Exhibit A		, ,	,	, 3 ,	J 1	,	
Name	Street or P.O. Box		City		Zip Co	Zip Code	
Name	Street or P.O. Box		City	State	Zip Co	ode	
Name	Street or P.O. Box	<u> </u>	City	State	Zip Co	ode	
If a professional service corpora and treasurer are licensed in one c statement of purposes of the corpo	or more states or territories						
10. I certify that, as of the date of fi	ling this application, the a	bove-named entity \	alidly exists under the	e laws of the jurisdic	tion of its formation	n.	
11. If a limited partnership, it elects	to be a limited liability lim	nited partnership. C	check the box if applic	cable:			
12. If a limited liability company,	check box if manager-ma	anaged:					
13. This application will be effective	e upon fi <b>l</b> ing.						
// who		Duncan I	McQueen, Assistant Sec	retary	10/19/2022		
nature of Authorized Representative			Printed Name & Title		Date		
Corporation Service Co	mpany	cons	ent to serve as the re	nistered agent on bo	shalf of the busine	es Antity	
Type/Print Name of Registered Age		, cons	ont to serve as the ret	gistered agent on be	TIGHT OF THE DUSTILE	so criticy.	
	Janual More	Danial Van	n	Assistant Carr	otom (	10/04/2222	
Signature of Registered Agent	7	Daniel Yop	<u> </u>	Assistant Secre	ziai y	_ 10/31/2022 Date	
orginature or Negrotereu Agent		r initeu Naille		11116		Date	

### FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

#### DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

#### **CONSENT OF REGISTERED AGENT**

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent so consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### **FILING FEE**

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

### MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

#### OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

#### **CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

#### **FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.