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Michael G. Adams

1/3/2023 12:44 PM

Fee Receipt: \$90.00

Kentucky Secretary of State Received and Filed:

tsemones ADD



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ficate of Authority gn Business Entity)		FBE			
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		by applies for authority to tra	ansact business in Kentu	ucky on behalf of the	e entity named below		
 The entity is a: profit corpor business true limited parter non-profit lice The name of the entity is WRIGHT DE 	ration nust intership p	Imited liability company statutory tr Itd cooperative association other professional service corporation other			nal limited liability company trust		
2. The name of the entity is when the entity is (The	name must be identical to	the name on record with t	he Secretary of State.)				
3. The name of the entity to be used in	Kentucky is (if applicable):	(Only provide if "real nan	ne" is unavailable for u	ıse; otherwise, leav	ve blank.)		
4. The state or country under whose la		elaware			·		
5. The date of organization is <u>11/10/202</u>	2	and the period of		uration is consider	ed perpetual)		
6. The mailing address of the entity's p	principal office is		(in left blank, dt	ination is consider	eu perpetual.)		
3500 Maple Ave Suite 1600		Dallas	TX	75219	· · · ·		
Street Address		City	State	Zip Coo	le		
 The street address of the entity's reg 828 Lane Allen Road Suite 219 	Jistered office in Kentucky is	Lexington	KY	40504			
Street Address (No P.O. Box Number	rs)	City		State	Zip Code		
and the name of the registered agent a	t that office is Registered Agen	t Solutions, Inc.					
8. The names and business addresses			ectors, managers, truste	ees or general partne	ers):		
Matt Niebuhr	3500 Maple Ave, Ste 1600	Dallas	Texas	75219			
Name	Street or P.O. Box	City	State	Zip Coc	le		
Leigh Feenburg	3500 Maple Ave, Ste 1600	Dallas	Texas	75219			
Name	Street or P.O. Box	City	State	Zip Coo	le		
Name	Street or P.O. Box	City	State	Zip Coc	le		
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 l n.	Jnited States or District of C	olumbia to render a prof	fessional service des	scribed in the		
10. I certify that, as of the date of filing t			_	ction of its formation	l.		
11. If a limited partnership, it elects to b	e a limited liability limited part	tnership. Check the box if a	applicable:				
12. If a limited liability company, chec	k box if manager-managed:						
13. This application will be effective upo	on filing.						
Mann		Matt Niebuhr, Chief Financia	al Officer	12/28/2022			
Signature of Authorized Representative		Printed Name &	Title	Date			
I, <u>Registered Agent Solutio</u> Type/Print Name of Registered Agent			ne registered agent on b	ehalf of the busines:	s entity.		
0 -		kenzie Hart	Asst. Secreta	ary	12/30/2022		
Signature of Registered Agent	Printed	Name	Title	-	Date		