

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1257107.06

kdcoleman ADD

1/30/2023

Date

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/31/2023 2:44 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Busine		2	Fee Receipt: \$90.00
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following	- 030 the undersigned hereby applies for ng statements:	or authority to transact t		
1. The entity is a: profit corpora business trus limited partne non-profit llc	t Iimited liabilit ership Itd cooperation professional		statutory	nal limited liability company trust
2. The name of the entity is(The r	name must be identical to the name of			*
 3. The name of the entity to be used in a 4. The state or country under whose law 5. The date of organization is	(Only pro the entity is organized is	vide if "real name" is Arkansas and the period of duration Olathe	on is	se; otherwise, leave blank.) uration is considered perpetual.)
700 E 151st Street Street Address	et	City	State	Zip Code
7 The street address of the entity's req	istered office in Kentucky is Main Street, Suite 512	Frankfort	t k	State Zip Code
Street Address (No P.O. Box Number and the name of the registered agent at		City C T Corporation	System	State Zip Code
8. The names and business addresses	of the entity's representatives (secretar	y, officers and directors	, managers, truste	ees or general partners):
Phillip Watt	700 E 151st Street	Olathe	State	S 66062 Zip Code
Name	Street or P.O. Box	City		
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
and treasurer are licensed in one or mo statement of purposes of the corporation	re states or territories of the Officed Staten.	les di District di Colorini		
10. I certify that, as of the date of filing			p	nction of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited partnership.	Check the box if applic	able:	
12. If a limited liability company, chec	k box if manager-managed:			
13. This application will be effective up	1010	n G. Nichols, Authorized Re	presentative	01/29/2023
Signature of Authorized Representative	Joseph	Printed Name & Title		Date

Stephanie Hencz

Printed Name

, consent to serve as the registered agent on behalf of the business entity.

Title

Assistant Secretary

Stephanie Hencz Type/Print Name of Registered Agent

Signature of Registered Agent

Stephane Honey



Arkansas Secretary of State John Thurston

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

600 CARNAHAN DRIVE OPERATIONS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 28, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of January 2023.

John Thurston line Certificate Authorization Code: 38e6132bbcf66ef To Verify the Authorization Code, visit sos.arkansas.gov

John Thurston