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Kentucky Secretary of State Received and Filed: 8/17/2022 10:41 AM

Michael G. Adams

Fee Receipt: \$90.00

dwilliams 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	<b>Certificate d</b> (Foreign Busin			FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	- 030 the undersigned hereby applies ring statements:	for authority to transact busi	ness in Kentucky on be	shalf of the entity named below	
1. The entity is a: profit corpor business true limited partm non-profit lice	st imited liabil ership	nonprofit corporation       Imited liability company         limited liability company       Imited liability company         itd cooperative association       Imited liability         professional service corporation       Imited liability		professional limited liability company statutory trust other	
2. The name of the entity is The Cod	te Corporation name must be identical to the name	on record with the Secreta	ne of State 1	·	
3. The name of the entity to be used in	The Oad	le Corporation of Ut			
-	(Only pr	ovide if "real name" is unav		wise, leave blank.)	
4. The state or country under whose la 5. The date of organization is August	w the entity is organized is Delaware 13, 1997	and the period of duration is	nernetual	<u> </u>	
		and the period of duration is. (If	left blank, duration is	considered perpetual.)	
6. The mailing address of the entity's p 434 W. Ascension Way, Suite		Murray	Utah	84123	
Street Address		City	State	Zip Code	
7. The street address of the entity's rep 828 Lave Allen Roa		Lexination	KY	40504	
Street Address (No P.O. Box Number	rs)	City	State	Zip Code	
and the name of the registered agent a		lobal Inc.		·	
8. The names and business addresses	of the entity's representatives (secreta	ry, officers and directors, ma	inagers, trustees or gen	ieral partners):	
Kent Hansen	434 W. Ascension Way, Suite 30	0 Murray	Utah	84123	
Name Aaron J. Pearce, Director	Street or P.O. Box 6555 W. Good Hope Road	City Milwaukee	State Wisconsin	Zip Code 53223	
Name Andrew T. Gorman	Street or P.O. Box 6555 W. Good Hope Road	City Milwaukee	State Wisconsin	Zip Code 53223	
Name .	Street or P.O. Box	City	State	Zip Code	
<ul> <li>9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation</li> <li>10. I certify that, as of the date of filing the service of t</li></ul>	re states or territories of the United Sta n.	tes or District of Columbia to	render a professional a	service described in the	
11. If a limited partnership, it elects to b	e a limited liability limited partnership.	Check the box if applicable:			
12. If a limited liability company, chec	k box if manager-managed: 🔲				
13. This application will be effective up	on filing.				
Palam 1 H	<b>A</b>	T 0		A	
Signature of Authorized Representative		rew T. Gorman, Secreta Printed Name & Title	ary 15	August 2022 Date	
I, COGENCY Global Type/Print Name of Registered Agent		isent to serve as the register	-	e business entity.	
Signature of Registered Agent	Christing Printed Name	Marasigan A	sst. Secy.	<u>8/15/202</u> 2 Date	
-	J				