

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1201410.06

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/7/2022 12:00 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)

www.sos.ky.gov					
Pursuant to the provisions of KRS 1 and, for that purpose, submits the following the f		applies for authority to transa	act business in Kentucky or	n behalf of the entity named bel	
1. The entity is a: profit corp business	trust	profit corporation	iability company statutory trust		
limited pa		coperative association essional service corporation	other		
2. The name of the entity is Revolution	•	Socional service corporation			
	he name must be identical to the	name on record with the S	Secretary of State.)		
3. The name of the entity to be used	in Kentucky is (if applicable):				
4. The state or country under whose		Only provide if "real name"	is unavailable for use; of	nerwise, leave blank.)	
5. The date of organization is Februa	ry 9, 2022	and the period of dur	ation is		
				n is considered perpetual.)	
 The mailing address of the entity's Arlington Street, Suite 500 	s principal office is	Boston	MA	02116	
Street Address		City	State	Zip Code	
7. The street address of the entity's	registered office in Kentucky is				
201 E Main St., Suite 900		Lexington	KY	40507	
Street Address (No P.O. Box Num		City	State	e Zip Code	
and the name of the registered agen	t at that office is MMLK, INC.				
8. The names and business address	ses of the entity's representatives (secretary, officers and direct	ors, managers, trustees or	general partners):	
Prentice Salter	75 Arlington St., Suite 500	Boston	MA	02116	
Name	Street or P.O. Box	City	State	Zip Code	
Larry Lucas Name	75 Arlington St., Suite 500 Street or P.O. Box	Boston City	MA State	02116 Zip Code	
Name:	officer of 1.0. Box	Only	Otato	zip oode	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation and treasurer are licensed in one or statement of purposes of the corporations.	more states or territories of the Uni				
10. I certify that, as of the date of filir	ng this application, the above-name	ed entity validly exists under t	he laws of the jurisdiction c	of its formation.	
11. If a limited partnership, it elects to	be a limited liability limited partne	rship. Check the box if appl	icable:		
12. If a limited liability company, ch	eck box if manager-managed:				
13. This application will be effective u	upon filing.				
Prentice Salter		Prentice Salter, Manager	04/06	i/2022	
Signature of Authorized Representative)	Printed Name & Titl	Printed Name & Title Date		
, MMLK INC				7.11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
I, MMLK, INC. Type/Print Name of Registered Agent	1	, consent to serve as the registered agent on behalf of the business entity.			
			A il di ID	0.4/0.0/0.00	
Stephen G. Amato Signature of Registered Agent	Stephen G Printed Na		Authorized Representative Title	04/06/2022 Date	
				Duto	