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## Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/23/2024 10:02 AM Fee Receipt: \$90.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Ce (Fo	rtificate of Authority reign Business Entity)	L	FBE		
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	1	·····		· · · · · · · · · · · · · · · · · · ·		
Pursuant to the provisions of KRS 14 and, for that purpose, submits the follo	A - 030 the undersigned h owing statements:	ereby applies for authority to transact b	usiness in Kentuc	ky on behalf of the entity named belo		
1. The entity is a: profit corpo	oration	1	<u> </u>			
business tr		nonprofit corporation		al limited liability company		
limited par		limited liability company		statutory trust		
non-profit		lid cooperative association		efit corporation		
2. The name of the entity is		professional service corporation	cother			
(Th	e name must be identical	Peoria EE Group, LL to the name on record with the Secret	<u>.C</u> .			
3. The name of the entity to be used I	n Kentucky is /if soniloshio	- are theme on record with the about	etary or State.)			
	1	10 miles manual of the test.	available for up	at other land to be a literate to		
4. The state or country under whose it	aw the entity is organized is		Washington	e, outerwise, leave blank.)		
5. The date of organization is	. 10/31/2014	and the period of duration	ils .			
6. The mailing address of the entity's	orincipal office is		(If left blank, dur	ation is considered perpetual.)		
5101 NE 82nd	Avenue, Ste 200	Vancouver				
Street Address		City	W/			
7. The street address of the entity's re	gistered office in Kenfucky	is	Otare	ZIp Code		
828 Lane Allen	Road Suite 210 .	Lexington	1017	0000040504		
Street Address (No P.O. Box Numbe		City	<u>_KY</u> _	9866240504 State Zip Code		
and the name of the registered agent a	it that office is	Cogency (	Global Inc			
8. The names and business addresser	s of the entity's represental	ves (secretary, officers and directors, m		······································		
Christopher Belford	Edad Nir Dauta		nanagers, trusteer	i or general partners):		
Name	5101 NE 82nd Avenu Street or P.O. Box		WA	98662		
	anner of 1.90, 1904	City	State	Zip Code		
Name	Street or P.O. Box	City	State	Zip Code		
Name		-				
, 9.4ed018es	Street or P.O. Box	City	State	Zlp Code		
<ol> <li>If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation</li> </ol>	n		o tender a protest	sional service described in the		
10. I certify that, as of the date of filing I	his application, the above-n	amed entity validly exists under the law	is of the jurisdictic	n of its formation.		
11. If a limited partnership, it elects to be			: 🛛			
12. If a limited liability company, check		d: 🔲 .				
13. This application Will be affective upo	t filing.					
		Christopher Belford, (	200			
Signature of Authorized Representative		Printed Name & Title		02/21/2014		
				Date		
Cogency Git	obal Inc.	consent to serve as the register	ed agent on hehe	f of the husbace only.		
maker Para 2			«Raur Att Adilg	. ar and business entity.		
- Juna ag	Carol	Berg Aset S	ecretary .	2/22/2024		
Signature of Registered Agent	Printed	Name Title		<u>2/22/2024</u> Date		
~				•		