



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ADD
Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is KCG, INC.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): KCG Kentucky, INC.
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Arizona

5. The date of organization is 7/16/1980 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
15720 W 108TH ST SUITE 100 LENEXA KS 66219
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort KY 40601
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
RICK J REW	15720 W 108TH ST SUITE 100	LENEXA	KS	66219
JAMES W BEDSWORTH JR	15720 W 108TH ST SUITE 100	LENEXA	KS	66219

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
 The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates:
 County: _____

To complete the following, please shade the box completely.

Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

Signature of Authorized Representative JAMES W BEDSWORTH JR 2-14-2023
 I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

By: Steven Amoroso Asst. Secretary of Corporation Service Company 02/14/2023
 Signature of Registered Agent Printed Name Title Date

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

KCG, INC.

ACC file number: 01319085

was incorporated under the laws of the State of Arizona on 07/16/1980;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **01/31/2023**



A handwritten signature in black ink, reading "Kim Battista".

Kim Battista, Interim Executive Director