

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1431415.06

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/20/2025 12:24 PM Fee Receipt: \$90.00

Date

Distalan of B : Tou				
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certit (Foreig	ficate of Authority in Business Entity)		FBE
Pursuant to the provisions of KRS 14, and, for that purpose, submits the follow	A – 030 the undersigned herebowing statements:	by applies for authority to tran	nsact business in Kentuck	y on behalf of the entity named belo
business trust Ilmited		onprofit corporation nited liability company I cooperative association	statutory trust	
non-profit II 2. The name of the entity is ATCRH	c pr Bowling Green, LLC	ofessional service corporation	n Ll other	fit corporation
3. The name of the entity to be used in	name must be identical to the name m	he name on record with the	Secretary of State.)	
4. The state or country under whose la	aw the entity is organized is De	(Only provide if "real name elaware	" is unavailable for use;	otherwise, leave blank.)
5. The date of organization is 1/9/202	25	and the period of do	uration is	
6. The mailing address of the entity's p	orincipal office is		(If left blank, durat	tion is considered perpetual.)
3311 Adventureland Drive Street Address		Altoona	IA	50009
		City	State	Zip Code
7. The street address of the entity's red 421 West Main Street	5 1 0.2	Frankfort	KY	40601
Street Address (No P.O. Box Numbe	rs)	City		tate Zip Code
and the name of the registered agent a	t that office is Corporation		<u>.</u>	Zip Code
The names and business addresses	of the entity's representatives	(secretary, officers and direct	tors, managers, trustees	or general partners):
Michael Sirignano	10 Overlook Drive	Chappaqua	NY	10514
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	Oit.		
		City	State	Zip Code
 If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation 	n.	inted States of District of Coll	umbia to render a professi	onal service described in the
I certify that, as of the date of filing t	his application, the above-nam	ed 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 partn	ership. Check the box if app	olicable:	
12. If a limited liability company, check	box if manager-managed:	\square		
13. This application will be effective upo	n filing.			
Mhh	>	Michael Ciries D	99 0 12	1. 1.
Signature of Authorized Representative		Michael Sirignano, Pre		18/25
Corporation Service Company			,	/ Date
Type/Print Name of Registered Agent		, consent to serve as the r	egistered agent on behalf	of the business entity.
19	Nichole	Cooper	Assistant Secreta	ry 02/19/2025
ignature of Registered Agent	Printed Na	•	Title	ry 02/18/2025 Date