

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 8/10/2023 2:27 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718	Certificate	of Authority	FBE		
Frankfort, KY 40602	(Foreign Busin	ness Entity)			
(502) 564-3490					
www.sos.ky.qov					
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	 030 the undersigned hereby applie ving statements: 	s for authority to transact I	business in Kentucky on	behalf of the entity named belo	
1. The entity is a: profit corporation nonprofi		corporation professional limited liability company			
business true	st Ilmited liab	limited liability company		statutory trust public benefit corporation	
limited partn	ership ttd coopera				
non-profit llc		al service corporation	other		
2. The name of the entity is Wawa I	Midwest, LLC				
	name must be identical to the name	e on record with the Seci	retary of State.)		
3. The name of the entity to be used in		rovide if "real name" is u	mavailable for use: othe	erwise, leave blank.)	
4. The state or country under whose law		aware			
5. The date of organization is07/05/	2023	and the period of duration is Perpetual			
6. The mailing address of the entity's pr	rincipal office is		(If left blank, duration i	s considered perpetual.)	
260 West Baltimore Pike	morphi sinos is	Wawa	PA	19063	
Street Address		City	State	Zip Code	
7. The street address of the entity's reg	istered office in Kentucky is				
306 W. Main Street, Suite 512		Frankfort	KY	40601	
Street Address (No P.O. Box Number		City	State	Zip Code	
and the name of the registered agent at	triat critica is				
8. The names and business addresses	of the entity's representatives (secret	ary, officers and directors,	managers, trustees or ge	eneral partners):	
Wawa, Inc.	260 West Baltimore Pike	Wawa	PA	19063	
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	City	State	Zip Code	
9. If a professional service corporation, a	all the individual shareholders, not less	s than one half (1/2) of the	directors, and all of the o	officers other than the secretary	
and treasurer are licensed in one or mor statement of purposes of the corporation	e states of territories of the United Sta	ates of District of Columbia	a to render a professional	service described in the	
10. I certify that, as of the date of filing th	nis application, the above-named entit	y validly exists under the la	aws of the jurisdiction of i	ts formation.	
11. If a limited partnership, it elects to be	a limited liability limited partnership.	Check the box if applicab	ole:		
12. If a limited liability company, check	box if manager-managed:				
13. This application will be effective upor	filing.				
<i>₽</i> 7 (2 "				
rukau)	Mich Mich	nael J. Eckhardt, Vice	President 8/7/2		
Signature of Authorized Representative		Printed Name & Title		Date	
C T Corporation System					
Type/Print Name of Registered Agent	, cor	nsent to serve as the regis	tered agent on behalf of t	ne business entity.	
Denise Bell	Danias Dall		est Convoter:	00/00/2022	
Signature of Registered Agent	Denise Bell Printed Name		sst. Secretary	08/09/2023 Date	