

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1316821.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/24/2023 8:18 AM Fee Receipt: \$90.00

Division of Business Filings	Certific	ate of Authority		FBE
P.O. Box 718 Frankfort, KY 40602	(Foreign Business Entity)			
(502) 564-3490				
www.sos.ky.gov				
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following		applies for authority to tra	ansact business in Kentuck	y on behalf of the entity named below
The entity is a: profit corporate	ion non	profit corporation	nrofessiona	I limited liability company
business trust		ed liability company	statutory tru	
				fit corporation
limited partne		ooperative association		iii corporation
non-profit llc		essional service corporati	on U other	
2. The name of the entity is Davey Rai	I Services, LLC			
(The n	ame must be identical to the	name on record with the	ne Secretary of State.)	
3. The name of the entity to be used in k	(entucky is (if applicable):			
			ne" is unavailable for use	; otherwise, leave blank.)
4. The state or country under whose law				
5. The date of organization is $09/19/20$	23	and the period of		tion is considered perpetual.)
6. The mailing address of the entity's pri	ncipal office is		(II left blank, dura	dion is considered perpetual.)
1500 N Mantua St	,	Kent	OH	44240
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
306 W. Main Street, Suite 512	,	Frankfort	KY	40601
Street Address (No P.O. Box Numbers		City		State Zip Code
and the name of the registered agent at t	hat office is CT Corporation	n System		
			rectors managers trustees	or general partners):
8. The names and business addresses of	or the entity's representatives (secretary, officers and dif		
Brent R Repenning, Manager	1500 N Mantua St	Kent	OH	44240
	Street or P.O. Box	City	State	Zip Code
Michael J Mittiga, Manager	1500 N Mantua St Street or P.O. Box	Kent City	OH State	44240 Zip Code
Name Thea R Sears, Manager	1500 N Mantua St	Kent	OH	44240
	Street or P.O. Box	City	State	Zip Code
Hame	Oli oct of 1 .o. Box	v.i.y		
9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation	e states or territories of the Uni	not less than one half (1/2 ted States or District of C	2) of the directors, and all o columbia to render a profes	f the officers other than the secretary sional service described in the
10. I certify that, as of the date of filing th	is application, the above-name	d entity validly exists und	der the laws of the jurisdicti	on of its formation.
11. If a limited partnership, it elects to be	a limited liability limited partne	rship. Check the box if	applicable:	
12. If a limited liability company, check	box if manager-managed:	\boxtimes		
13. This application will be effective upor	filing. Upon Filing			
wet husar	Er Er		er 1	0/20/2023
Signature of Authorized Representative Printed Name & Title Date				Date
C T Corporation System, consent to serve as the registered agent on behalf of the business entity.				
Type/Print Name of Registered Agent				
By: Say Chumb	SEANI	. EMERICK	ASSISTANT SEC	RETARY 10/02/2023
Signature of Registered Agent	Printed Na		Title	Date

Attachment to Kentucky Member / Manager Information

1 Full Name:

Christopher J Bast

Member/Manager:

Manager

Business Address:

1500 N Mantua St

City: State: Kent OH

ZIP Code:

44240

2 Full Name:

Erika J Schoenberger

Member/Manager:

Manager

Business Address:

1500 N Mantua St

City: State: Kent OH

ZIP Code:

44240