

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 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 business entity is a **profit corporation**.
2. The name of the entity is: **OPUS REGULATORY INC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Massachusetts**.
5. The date of organization is **2/28/1994** and the period of duration is **perpetual**.

7. Principal Office

One Marina Park Drive Suite 1410
Boston, MA 02210

8. Required Representatives

Secretary	Dave Sawyer	One Marina Park Drive Suite 1410	Boston	MA	02210
Director	Dave Sawyer	One Marina Park Drive Suite 1410	Boston	MA	02210
Officer	Dave Sawyer	One Marina Park Drive Suite 1410	Boston	MA	02210

9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504-3659

I, **Kathy Shin on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, June 14, 2023

As the Authorized Representative, I, **Dave Sawyer**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**