

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1402224.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/17/2024 12:49 PM Fee Receipt: \$90.00

| Division | of Business Filings |
|-----------|---------------------|
| P.O. Box | 718 |
| Frankfort | t, KY 40602 |
| (502) 564 | 4-3490 |
| www.sos | |

Certificate of Authority (Foreign Business Entity)

| www.sos.ky.gov | | | | Smen - | |
|---|--|---|---|---|--|
| Pursuant to the provisions of KRS 1and, for that purpose, submits the following | | d hereby applies for auth | ority to transact busine | ess in Kentucky on be | half of the entity named belo |
| 1. The entity is a: profit corp business | nonprofit corporation professional limited liability company limited liability company statutory trust | | | | |
| limited pa | 940 | Itd cooperative asso professional service | 10 | ☐ public benefit corpo ☐ other | oration |
| 2. The name of the entity is WB Ma | aysville, LLC he name must be identi | cal to the name on reco | ord with the Secretary | v of State.) | - Constitution of the Cons |
| 3. The name of the entity to be used | | able): | 98 | 250 | |
| 700 | GI SE SITILLE | (Only provide if | "real name" is unava | ailable for use; other | wise, leave blank.) |
| 4. The state or country under whose | | | E POPULA DE ANTODARDE PE | | |
| 5. The date of organization is10/ | 11/2024 | and the | period of duration is _ (If le | eft blank, duration is | considered perpetual.) |
| 6. The mailing address of the entity's | s principal office is | | | | |
| 14 Monterey Drive Street Address | | | nasset Hills | NY State | 11040 Zip Code |
| | | City | | State | Zip Code |
| The street address of the entity's 421 West Main Street | registered office in Kentu | icky is Fran | kfort | 101 | 40601 |
| Street Address (No P.O. Box Numl | pers) | <u> </u> | City | KY State | Zip Code |
| and the name of the registered agent | | ration Service Comp | 22/10 | | TAME OF STREET |
| The names and business address | | | | agers trustees or gen | eral nartners): |
| | | | | | |
| WB Bellefonte, LLC Name | 14 Monterey Driv Street or P.O. Box | e Man City | hasset Hills | NY State | 11040 Zip Code |
| Tallie | Offeet Of 1.0. 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 |
| If a professional service corporation and treasurer are licensed in one or a statement of purposes of the corporation | nore states or territories | cholders, not less than on of the United States or D | e half (1/2) of the direct strict of Columbia to re | ctors, and all of the off ender a professional s | icers other than the secretary ervice described in the |
| 10. I certify that, as of the date of filin | g this application, the ab | ove-named entity validly | exists under the laws o | of the jurisdiction of its | formation. |
| 11. If a limited partnership, it elects to | be a limited liability limit | ed partnership. Check t | ne box if applicable: | | |
| 12. If a limited liability company, ch | eck box if manager-mar | naged: 🗹 | | | |
| 13. This application will be effective u | pon filing. | | | | |
| Signature of Authorized Representative | S | J BM Printe | d Name & Title | 1220 May 1 | 11/2 / 2 y |
| i, Corporation Service Compa Type/Print Name of Registered Agent | ny | , consent to s | erve as the registered | agent on behalf of the | e business entity. |
| Jawann Latne | 4 | Jawann Latney | Assista | ant Secretary | 10/16/2024 |
| Signature of Registered Agent | F | Printed Name | Title | | Date |