

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/15/2024 2:36 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

## Certificate of Authority

(Foreign Business Entity)

**FBE** 

www.sos.ky.gov						
	ions of KRS 14A – 030 t submits the following sta		olies for authority to transact t	business in Kentucky	on behalf of the entity named below	
1. The entity is a:	profit corporation	× nonpro	nonprofit corporation		professional limited liability company	
The onally le al	business trust	, · · · · · · · · · · · · · · · · · · ·	limited liability company		statutory trust	
	limited partnership		Itd cooperative association		public benefit corporation	
	non-profit IIc	10000 1000000 1	sional service corporation	other		
2. The name of the entity is National Council for Beha		• *************************************	•			
2. The name of the en			ame on record with the Sec	retary of State.)	· · · · · · · · · · · · · · · · · · ·	
3. The name of the en	tity to be used in Kentuc	cky is (if applicable):			otherwise Jeans blank )	
The state or country	y under whose law the e		y provide if "real name" is u	unavailable for use;	otnerwise, leave blank.)	
5. The date of organiza		, o.ga	and the period of duration	on is		
o. The date of organiza	300110		and the period of darate		on is considered perpetual.)	
	s of the entity's principal	office is				
1400 K ST NW, St	e 400		Washington	DC	20005	
Street Address			City	State	Zip Code	
7. The street address	of the entity's registered	office in Kentucky is				
306 W. Main Street, Suite 512			Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)			City	St	ate Zip Code	
and the name of the re	egistered agent at that of	fice is C T Corporation	System			
			cretary, officers and directors,	, managers, trustees	or general partners):	
Charles Ingoalia	1400	K ST NW, Suite 400	Washington	DC	20005	
Charles Ingoglia Name		t or P.O. Box	City	State	Zip Code	
Mohini Venkatesh		K ST NW, Suite 400	Washington	DC	20005	
Name		t or P.O. Box	City	State	Zip Code	
Name	Stree	t or P.O. Box	City	State	Zip Code	
9. If a professional ser and treasurer are licen statement of purposes	sed in one or more state	individual shareholders, not es or territories of the United	less than one half (1/2) of the d States or District of Columbi	e directors, and all of a to render a professi	the officers other than the secretary ional service described in the	
10. I certify that, as of	the date of filing this app	lication, the above-named	entity validly exists under the	laws of the jurisdiction	n of its formation.	
11. If a limited partners	ship, it elects to be a limi	ted liability limited partners	hip. Check the box if applica	ble:		
12. If a limited liability	company, check box i	f manager-managed:				
13. This application wi	Il be effective upon filing		Charles Ingoglia, President	& CEO 04	/05/2024	
Signature of Authorized	Represervative		Printed Name & Title	<u> </u>	Date	
orginature of Audiorized	портраемацие		i inico Hame & Hue			
. CT Companies	System				If of the business catif	
Type/Print Name of Re		1	, consent to serve as the regis	stered agent on beha	if of the business entity.	
	- /	//				
By:	oration System (M)	Mor Eric Jenser	ı A	Assistant Secretary	04/05/2024	
Signature of Registered	Agent	Printed Name		Title	Date	