

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

P101

1407125.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
11/6/2024 12:00:00 AM  
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

**CG StrataPT Blocker Corp**

3. The name of the entity to be used in Kentucky is

**CG StrataPT Blocker Corp**

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **11/6/2024** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

**2011 Lake Point Way Suite 001, Louisville, KY 40223**

7. The name of the initial registered agent is

**Barry Brauch**

and the street address of the entity's initial registered office in Kentucky is

**2011 Lake Point Way Suite 001, Louisville, KY 40223**

8. The names and business addresses of the entity's representatives:

<b>Registered Agent</b>	Barry Brauch	2011 Lake Point Way Suite 001, Louisville, KY 40223
<b>Accountant</b>	LeAnn Swanson	2011 Lake Point Way Suite 001, Louisville, KY 40223
<b>Director</b>	Barry Brauch	2011 Lake Point Way Suite 001, Louisville, KY 40223
<b>Authorized Rep</b>	Barry Brauch	2011 Lake Point Way Suite 001, Louisville, KY 40223

9. This filing will be effective on **Wednesday, November 6, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Barry Brauch**

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I, **Barry Brauch**, consent to sign for **Barry E**  
the Registered Agent on behalf of this entity  
November 6, 2024.

