

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

1371127.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/11/2024 2:59 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

(502) 564-3490 www.sos.ky.gov				
	s of KRS 14A – 030 the undersigner omits the following statements:	ed hereby applies for authority to transact	business in Kentucky on be	shalf of the entity named below
1. The entity is a: X	profit corporation	nonprofit corporation	professional limited liability company	
1. The chity is a.	business trust	limited liability company	statutory trust	
	limited partnership	Itd cooperative association	public benefit corp	oration
	non-profit IIc	professional service corporation	other	ordion:
0.71	· ·	professional service corporation	outer	
2. The name of the entity	(The name must be ident	tical to the name on record with the Sec	cretary of State.)	·
2. The name of the entity			, or or and ,	
3. The name of the entity	to be used in Kentucky is (if applic	(Only provide if "real name" is	unavailable for use; other	wise, leave blank.)
4. The state or country u	nder whose law the entity is organize		u.e.	
5. The date of organization		and the period of durati	ion is	
1905 - Sand Selve of Selverger (1905 A-720) <del>▼</del> (1790-83.1 1996-5-0.0)	5344402		(If left blank, duration is	considered perpetual.)
[8] [8] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	of the entity's principal office is	Wilmington	DE	19808
8145 Blazer Drive Street Address		Wilmington	State	Zip Code
		\$2000 <b>-</b> 1	State	Zip code
7. The street address of 306 W. Main Street, S	the entity's registered office in Kent	Frankfort	101	40601
Street Address (No P.O.		City	KY State	Zip Code
and the name of the registered agent at that office is <u>C T Corp</u>			Otato	Lip oodo
and the name of the regis	tered agent at that office is _CTC	Corporation System		
8. The names and busine	ess addresses of the entity's repres	entatives (secretary, officers and directors	s, managers, trustees or ger	ieral partners):
Guillermo Novo	8145 Blazer Drive	e Wilmington	DE	19808
Name	Street or P.O. Box		State	Zip Code
Matthew K. Spence	8145 Blazer Driv	we Wilmington	DE	19808
Name	Street or P.O. Box		State	Zip Code
Serena Kenost	8145 Blazer Driv	The state of the s	DE	19808
Name	Street or P.O. Box	City	State	Zip Code
and treasurer are licenses statement of purposes of	d in one or more states or territories the corporation.	reholders, not less than one half (1/2) of the of the United States or District of Columb	oia to render a professional s	service described in the
10. I certify that, as of the	date of filing this application, the al	bove-named entity validly exists under the	laws of the jurisdiction of its	s formation.
11. If a limited partnership	o, it elects to be a limited liability lim	ited partnership. Check the box if applica	able:	
12. If a limited liability co	empany, check box if manager-ma	anaged:		
13. This application will be	e effective upon filing.			
May		Matthew K, Spence, Assis	Matthew K, Spence, Assistant Treasurer 6/11/24	
Signature of Authorized Re	presentative	Printed Name & Title		Date
I, C T Corporation Sys	stered Agent		istered agent on behalf of th	e business entity.
By: C T Corpora	ation System	Stephanie Hencz	Assistant Secretary	6/11/24

**Printed Name** 

Title

Date

Signature of Registered Agent