



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings

P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is BME Services, LLC
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 09/07/2022 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
1760 Lakeland Park Drive Burlington KY 41005
 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 State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

| Name | Street or P.O. Box | City | State | Zip Code |
|----------------|--------------------------|------------|-------|----------|
| Jeffrey Hester | 1760 Lakeland Park Drive | Burlington | KY | 41005 |
| Name | Street or P.O. Box | City | State | Zip Code |
| Name | Street or P.O. Box | City | State | Zip Code |

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

| | | |
|--|--|--------------------|
| Digitally Signed by: Signature of Authorized Representative | Raj Motwani, CFO and Secretary Printed Name & Title | 11/29/2022 Date |
|--|--|--------------------|

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

| | | | |
|--------------------------------------|-------------------------------|------------------------------|--------------------|
| By: Signature of Registered Agent | Kevin Wartner Printed Name | Assistant Secretary Title | 11/29/2022 Date |
|--------------------------------------|-------------------------------|------------------------------|--------------------|



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Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☐ a corporation (KRS 271B, KRS 273 or KRS 274)
☒ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is BME Services, LLC
3. The state or country of incorporation, organization or formation is Delaware
4. The name of the initial registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:
306 W. Main Street, Suite 512, Frankfort KY 40601
Street Address (No Post Office Box Number) City State Zip Code

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

C T Corporation System

By:

Meredith Hellwig

Signature of Registered Agent

Meredith Hellwig

Printed Name

Assistant Secretary

Title