

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1429733.06

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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 provision and, for that purpose, s	ons of KRS 14A - submits the follow	- 030 the undersigneing statements:	ed he	reby applies for	or authority to transact	business in Kentu	cky on behalf	of the entity named below
1. The entity is a:	profit corpora	tion		nonprofit corporation professional limited liability company				
	business trus		X			statutory trust		
limited par		ership		Itd cooperative association		public benefit corporation		
	non-profit Ilc				service corporation	other		
2. The name of the en	d LLC							
z. The hame of the di			tical	to the name of	on record with the Se	cretary of State.)		
3. The name of the en						,		
o. The harrie of the el	inty to be used in	Kentucky is (ii applic	able)	(Only pro	vide if "real name" is	unavailable for u	se; otherwise	, leave blank.)
4. The state or countr	y under whose lav	w the entity is organiz	zed is					
5. The date of organiz					and the period of durat	ion is		
						(If left blank, de	uration is con	sidered perpetual.)
6. The mailing address						****	40	222
500 North Hurstbourne Parkway, Suite 200 Street Address					Louisville	KY State		p Code
					City	State	2.1	pcooe
7. The street address of the entity's registered office in Kentucky is				is	Form I Cont			40601
306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers)				Frankfort	KY	State	Zip Code	
			C		City		State	Zip code
and the name of the r	egistered agent a	t that office is C 1	Corp	oration Syst	em			
8. The names and bu	isiness addresses	of the entity's repre	senta	tives (secreta	ry, officers and director	s, managers, truste	ees or general	partners):
Christian N. Cummings, I	resident	300 North LaSalle Stree	et, Sunt	e 1600	Chicago	IL	60	654
Name		Street or P.O. Box	_		City	State	Zi	p Code
Brian K. Wood, Vice Pres	sident & Treasurer	500 North Hurstbourn	e Park	way, Suite 200	Louisville	KY	4	0222
Name		Street or P.O. Box			City	State		p Code
Dana J. Baker, Secretary		500 North Hurstbourn		way, Suite 200	Louisville	KY		0222
Name		Street or P.O. Box	X		City	State	Z	p Code
and treasurer are lice statement of purpose	ensed in one or me es of the corporation	ore states or territorion.	es of	the United Sta	ites or District of Colum	bia to render a pro	fessional servi	
10. I certify that, as o	f the date of filing	this application, the	abov	e-named entity	y validly exists under th	e laws of the juriso	liction of its for	mation.
11. If a limited partne	ership, it elects to	be a limited liability li	mited	partnership.	Check the box if applie	cable:		
12. If a limited liabili	ty company, che	ck box if manager-r	nana	ged:				
13. This application v	will be effective up	on filing.						
\bigcirc				Dana	J. Baker, Secretary		02/12/202	5
Signature of Authoriza	d Representative				Printed Name & Title			ato
I, C T Corporation	System			co	nsent to serve as the re	egistered agent on	behalf of the b	usiness entity.
	Registered Agent			, as		g and an agoin on		
(). 1.	Lund		C	1 7	::l.	Assistant C	auata	2/12/2025
By: XWW	n Ord			andra Zw	<u>цаск</u>	Assistant Se	cretary	2/13/2025 Date
Signature of Register	ed Agent		Pri	inted Name		Title		Sets