

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

1244834.06

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

Date

Received and Filed: 12/1/2022 3:29 PM Fee Receipt: \$90.00

FBE

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign B	usiness Entity)			
Pursuant to the provisions of KRS 1- and, for that purpose, submits the following	4A – 030 the undersigned hereby ap	oplies for authority to transact b	ousiness in Kentu	cky on behalf of the entity name	d below
		ofit corporation	profession	nal limited liability company	
1. The onticy to d.		liability company statutory			
limited pa		operative association	other		
non-profit	t lic profes	sional service corporation			
O The serve of the optity is	net Infrastructure Group, LLC				·
(T	he name must be identical to the r	name on record with the Seci	etary of State.)		
3. The name of the entity to be used	(Or	nly provide if "real name" is u	ınavailable for u	se; otherwise, leave blank.)	
4. The state or country under whose	lo 2022	and the period of duratio	on is		
5. The date of organization is June		and the period of durant	(If left blank, du	ıration is considered perpetua	il.)
6. The mailing address of the entity	s principal office is	Overland Park	KS	66214	
8837 Bond Street Street Address		City	State	Zip Code	
7. The street address of the entity's 306 West Main Street, Suite 5		Frankfort	KY	40601	
Street Address (No P.O. Boy Num	hers)	City		State Zip Code	k.
and the name of the registered agen	at at that office is CT Corporation	System			
The names and business addres	eas of the entity's representatives (so	ecretary, officers and directors,	managers, truste	es or general partners):	
	8837 Bond Street	Overland Park	KS	66214	
John Cinelli Name	Street or P.O. Box	City	State	Zip Code	
Dave Heimbach	8837 Bond Street	Overland Park	, KS	66214	
Name	Street or P.O. Box	City	State KS	Zip Code 66214	
Lohn Weber	8837 Bond Street	Overland Park City	State	Zip Code	
Name	Street or P.O. Box	Oity	5	•	
9. If a professional service corporati and treasurer are licensed in one or statement of purposes of the corpor 10. I certify that, as of the date of filli	more states or territories of the Unite ation. ng this application, the above-named	d entity validly exists under the	laws of the jurisdi		e e
	to be a limited liability limited partner	ship. Check the box if applica	ble.		
12. If a limited liability company, c					
This application will be effective	upon filing,				
- W. W	11/11	Lohn Weber - Executive Vice Presi	ident and CFO	November 17, 2022	
Signature of Authorized Representation	WWW.	Printed Name & Title		Date	
I, CT Corporation System Type/Print Name of Registered Age	nt	_, consent to serve as the reg	istered agent on b	pehalf of the business entity.	
/s/Amy Berteletti			Vice President	11/28/20	022

CT Corporation System

Printed Name

Title

/s/Amy Berteletti

Signature of Registered Agent

Division of Business Filings