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**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 4/25/2024 4:31 PM  
 Fee Receipt: \$90.00

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

## Certificate of Authority

(Foreign Business Entity)

**FBE**

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      ☐ public benefit corporation  
☐ non-profit llc      ☐ professional service corporation      ☐ other

6. The mailing address of the entity's principal office is			
911 Panorama Trail South	Rochester	New York	14625
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512			
Street Address (No P.O. Box Numbers)	Frankfort	KY	40601
	City	State	Zip Code

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

Michael Gioja, President	911 Panorama Trail South	Rochester	New York	14625
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Christopher Simmons, Treasurer	911 Panorama Trail South	Rochester	New York	14625
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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.

	Christopher Simmons, Treasurer	4/23/2024
Signature of Authorized Representative	Printed Name & Title	Date

I, CT Corporation System, consent to serve as the registered agent on behalf of the business entity.

C T Corporation System Type/Print Name of Registered Agent By: C T Corporation System Signature of Registered Agent				Stephen Rullis Printed Name	VP & Asst. Secy. Title	04/24/2023 Date
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