

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1244836.06

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

Received and Filed: 12/1/2022 3:43 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		tificate of Authority eign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following		reby applies for authority to transact t	ousiness in Kentuck	y on behalf of the entity na	med belo
1. The entity is a: profit corporation business trust limited partnership non-profit llc profit llc		nonprofit corporation limited liability company ltd cooperative association professional service corporation	professional limited liability company statutory trust other		
2. The name of the entity is MetroNet	DevCo Borrower, LLC				
(The n	ame must be identical	to the name on record with the Sec	retary of State.)		
3. The name of the entity to be used in h4. The state or country under whose law		(Only provide if "real name" is a	ınavailable for use	; otherwise, leave blank.)	
5. The date of organization is August 1,	2022	and the period of duratio	n is		_ ;,
6. The mailing address of the entity's prin	ncipal office is	0 10		tion is considered perpet	.uai.)
8837 Bond Street		Overland Park	KS	66214	
Street Address		City	State	Zip Code	
7. The street address of the entity's regis 306 West Main Street, Suite 512		Frankfort	KY	40601	
Street Address (No P.O. Box Numbers	CT Come	City	S	State Zip Cod	de
and the name of the registered agent at t	hat office is	ration System			
8. The names and business addresses of	of the entity's representat	ves (secretary, officers and directors,	managers, trustees	or general partners):	
John Cinelli	8837 Bond Street	Overland Park	KS	66214	
	Street or P.O. Box 8837 Bond Street	City	State KS	Zip Code 66214	
Dave Heimbach	Street or P.O. Box	Overland Park	State	Zip Code	
	8837 Bond Street	Overland Park	KS	66214	
Name	Street or P.O. Box	City	State	Zip Code	
 If a professional service corporation, al and treasurer are licensed in one or more statement of purposes of the corporation. 	states or territories of th	ers, not less than one half (1/2) of the e United States or District of Columbia	directors, and all of a to render a profess	the officers other than the sional service described in t	secretary the
10. I certify that, as of the date of filing thi	s application, the above-	named entity validly exists under the la	aws of the jurisdiction	n of its formation.	
11. If a limited partnership, it elects to be	a limited liability limited p	artnership. Check the box if applicab	le:		
12. If a limited liability company, check	box if manager-manage	ed:			
13. This application will be effective upon	filing.				
Signature of Authorized Representative	w	Lohn Weber - Executive Vice Presid Printed Name & Title	ent and CFO No	ovember /7 2022 Date	
- G				2=335	
I, CT Corporation System Type/Print Name of Registered Agent		, consent to serve as the regis	tered agent on beha	alf of the business entity.	

CT Corporation System

Printed Name

Vice President

Title

11/28/2022

Date

/s/Amy Berteletti

Signature of Registered Agent