	Mich	Commonwealth of Ael G. Adams, Sech		Michae Kentuc Receive 12/16/2	7640.06 I G. Adams ky Secretary of S ed and Filed: 2022 11:19 AM secipt: \$90.00	tsemor A State
Division of Bubliness Filing P.O. Box 718 Frankfort, ICY 40802 (502) 664-3490 www.sos.ky.goy	15	Certificate of Aut (Foreign Business En		FB	E	
and, for that purpose, submit 1, The entity is s:	f KRS 14A – 030 lhe unders Is the following statements: pofit corporation usiness trust	Igned hereby applies for auth nonprofit corporatio Ilmited flability comp	n prof	Ceniucky on behalf o naskonal limited liabili itory trust		ajaw
States B	milled parlnership con-profit lic	Ild cooperative ease		r	:	
 The name of the entity is The name of the entity to 	(The name must be id	dentical to the name on reco wilcoblet:	ard with the Secretary of St	•	· · · · · · · · · · · · · · · · · · ·	→
 The state or country under The date of organization is 		anized is	"real name" is unavailable DELAWA period of duration is	RE	<u> </u>	
6. The mailing address of th			(if ist bisn Memphis	k, duration is cons	dared perpetual.)	
	entity's registered office in F Lane Allen Roed, Suite 219	City Keniucky is	Sta Lexington K	,	Code .40504	
Street Address (No P.O. Bo and the name of the register	•		CITY COGENCY GLOBAL I	State	Zip Code	
•		presentatives (secretary, office 1 <u>and Center Dri</u> Box City	ers and directors, managers, W. MCNPhip sta	In 38	artners): [18 1 Cade	nije T
Name	Street or P.O. i	Box City	Sta	te Zip	Cade	.
Name	Street or P.O. I	Box City	50	te Ziç	Cade	- .
9. If a professional service c and treasurer are licensed in statement of purposes of the	n one or more states or lentit a corporation.	shareholdera, not less than or ories of the United States or C	Natrict of Columbia to render a) professional servic	e described in itté	lary
9. If a professional service ca and treasurer are licensed in statement of purposes of the 10. I certify that, as of the da	n one or more states or lentit a corporation. ate of illing this application, th	ories of the United States or C ne above-named entity validity	Natrict of Columbia to render a) professional servic	e described in itté	Gry
9. If a professional service ca and treasurer are licensed in statement of purposes of the 10. I certify that, as of the da	n one or more states or lentit a corporation. ate of illing this application, t it elects to be a limited liability	ories of the United States or C he above-named entity validity y limited partnership. Check	Natrict of Columbia to render a) professional servic	e described in itté	lery .
9. If a professional service c and treasurer are licensed in statement of purposes of the 10. I certify that, as of the da 11. If a limited partnership, it	n one or more states or lentit a corporation. ate of illing this application, th it elects to be a limited liability pany, check box if manage	ories of the United States or C he above-named entity validity y limited partnership. Check	Natrict of Columbia to render a) professional servic	e described in itté	lary
 9. If a professional service cand treasurer are licensed in statement of purposes of the 10. I certify that, as of the datt. If a limited partnership, it 12. If a limited liability compare 13. This application will be end of the statement of Authorized Representation of the statement o	n one or more states or lentit a corporation. ate of illing this application, th it elects to be a limited liability pany, check box if manage affective upon-liting.	ories of the United States of D he above-named entity validity y limited partnership. Check r-managed: Xa Calovad Prio	Natrict of Columbia to render a	e professional servic unadiction of its form	a described in the nation.	

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