

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1301940.09

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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 provisions of KRS 14, and, for that purpose, submits the follow		by applies for authority to transact b	ousiness in Kentucky on	behalf of the entity named below	
. The entity is a: X profit corporation nonpro		onprofit corporation	professional limited liability company		
business tr	rust li	mited liability company	statutory trust		
limited partnership Itd coo		d cooperative association	public benefit corporation		
		rofessional service corporation	other		
2. The name of the entity is PRS MA	ANAGEMENT, INC.			·	
(Th	e name must be identical to	the name on record with the Secr	etary of State.)		
3. The name of the entity to be used i	in Kentucky is (if applicable):_	(Only provide if "real name" is u		amidaa Jaawa blank \	
4. The state or country under whose I	law the entity is organized is C		inavallable for use; oth	erwise, leave blank.)	
5. The date of organization is 09-21-		and the period of duratio	n is	·	
D		and the period of duratio		is considered perpetual.)	
6. The mailing address of the entity's		MEDEORD	OB	07501	
1 WEST MAIN STREET, SUITI	E 303	MEDFORD City	OR State	97501 Zip Code	
	aniatarad office in Kantualaria	Oity	Otate	Zip Gode	
7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512		Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City	State		
and the name of the registered agent	at that office is CT Corpora	ation System			
The names and business addresse			managore trustoes or a	operal partners):	
	The state of the s		~~~~	Victoria de Contra de Cont	
LARRY BOECK	1 WEST MAIN ST, STI		OR	97501	
Name DOUG SPANI	Street or P.O. Box 1 WEST MAIN ST, ST	City TE 303 MEDFORD	State OR	Zip Code 97501	
Name	Street or P.O. Box	City	State	Zip Code	
5					
Name	Street or P.O. Box	City	State	Zip Code	
 9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. 10. I certify that, as of the date of filing 11. If a limited partnership, it elects to 	nore states or territories of the ion. g this application, the above-na	United States or District of Columbia	a to render a professional	al service described in the	
Commence in the commence in th			oie.		
12. If a limited liability company, che		:			
13. This application will be effective up	pon filing.				
Fin S. Statty	t	D. G. L. GI. SD.	0.00	2022	
		Eric Sholty, Chief Executiv	Officer 8/16/2023 Date		
Signature of Authorized Representative		Finited Name & Title		Date	
I, C T Corporation System Type/Print Name of Registered Agent C T Corporation System	m/au/	, consent to serve as the regis			
By:	Me lever Eric J	ensen A	ssistant Secretary	8/16/2023	

Printed Name

Title

Date

Signature of Registered Agent

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 1666577

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

PRS MANAGEMENT, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

OF ORCOV

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Lavonne Griffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 8/3/2023



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