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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/25/2024 2:47 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	•		n Business Entity)			
Pursuant to the provisio and, for that purpose, su		5	by applies for authority to transact b	usiness in Kentucky o	n behalf of the entity named below	
1. The entity is a:	profit corporation		onprofit corporation	professional lin	professional limited liability company	
	business trust		nited liability company	statutory trust	statutory trust	
	limited partne	rship Ito	d cooperative association	public benefit c	orporation	
non-profit		p	rofessional service corporation	other	other	
2. The name of the enti			the name on record with the Secre	etary of State.)	······································	
2. The name of the opti				, , , , , , , , , , , , , , , , , , ,		
3. The name of the enti	ly to be used in r	entucky is (if applicable):	(Only provide if "real name" is u	navailable for use; ot	herwise, leave blank.)	
4. The state or country	under whose law	the entity is organized is D				
5. The date of organizat			and the period of duration	is		
			ordenant saturation of the description of the Antonio Statement Control of the Statement Control	(If left blank, duratio	n is considered perpetual.)	
6. The mailing address		Construction and a second s	Southfield	М	48076	
26999 Central Park I Street Address	Siva., Suite 200	,	Southfield City	MI State	Zip Code	
			ony	oluto	Lip oode	
306 W. Main Street,		tered office in Kentucky is	Frankfort	K/V	40601	
Street Address (No P.C			City	KYStat		
		hat office is C T Corpora			p ====	
				3 6	· · · · · · · · · · · · · · · · · · ·	
8. The names and busin	ness addresses o	of the entity's representative	s (secretary, officers and directors, i	nanagers, trustees or	general partners):	
See attached						
Name		Street or P.O. Box	City	State	Zip Code	
Name		Street or P.O. Box	City	State	Zip Code	
Name		Street or P.O. Box	City	State	Zip Code	
and treasurer are license statement of purposes o 10. I certify that, as of th 11. If a limited partnersh	ed in one or more f the corporation. e date of filing thi ip, it elects to be ompany, check	e states or territories of the l s application, the above-na a limited liability limited par box if manager-managed:	s, not less than one half (1/2) of the Jnited States or District of Columbia med entity validly exists under the la tnership. Check the box if applicabl Mindy Gilbert, Secret	to render a profession ws of the jurisdiction of e:	nal service described in the	
Signature of Authorized R	enresentative		Printed Name & Title		Date	

Signature of Registered Agent	Printed Name	Title	Date
By: C T Corporation System Jawan	Jori Sawan	Assistant Secretary	1/22/2024
Type/Print Name of Registered Agent			
I, C T Corporation System	, consent to se	erve as the registered agent on behalf of the	business entity.
e			

Division of Business Filings

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Officers and Directors

Name	Title	Address
Bachhuber, Melissa Dovigi, Patrick Dovigi, Patrick Gilbert, Mindy Pelosi, Luke	Assistant Secretary Director President Secretary Treasurer	90 Fort Wade Road, Suite 210, Ponte Vedra Beach, FL 32081 100 New Park Place, Suite 500, Vaughan ON L4K 0H9 100 New Park Place, Suite 500, Vaughan ON L4K 0H9 100 New Park Place, Suite 500, Vaughan ON L4K 0H9 100 New Park Place, Suite 500, Vaughan ON L4K 0H9