

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **profit corporation**.

2. The name of the entity is

OPE Inmar Parent Inc

3. The name of the entity to be used in Kentucky is

OPE Inmar Parent Inc

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **3/27/2017** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

1 W 4th St Ste 500, Winston Salem, NC 27101

7. The street address of the entity's registered office in Kentucky is

421 W Main St, Frankfort, KY 40601

and the name of the registered agent at that office is **CORPORATION SERVICE COMPANY**.

8. The names and business addresses of the entity's representatives:

Registered Agent	CORPORATION SERVICE COMPANY	421 W Main St	Frankfort	KY	40601
Authorized Rep	David Coburn	1 W 4th St Ste 500	Winston Salem	NC	27101
CFO	Richard W Schmidt	1 W 4th St Ste 500	Winston Salem	NC	27101

9. This application will be effective on **Friday, April 12, 2024**.

As the Authorized Representative, I, **David Coburn**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Grace Kirby**, consent to sign for **CORPORATION SERVICE COMPANY** who serves as the **Registered Agent** on behalf of this Entity.