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Michael G. Adams Kentucky Secretary of State

	COMMONV	VEALTH OF KENTUCKY	(Received	and Filed:
	MICHAEL ADAI	MS, SECRETARY OF S	TATE	6/15/2022 Fee Recei	
Division of Business Filings	Cortificate of Aut	la a ulta a			pt. \$30.00
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Aut (Foreign Business En	tity)			FBE
Pursuant to the provisions of KRS 14A on behalf of the entity named below and	and KRS 271B, 273, 274,275, 36 I, for that purpose, submits the fo	2 and 386 the undersigned he	reby applies for	authority to	transact business in Kentuc
 The entity is a : profit corporation business true business true limited partner in non-profit llc The name of the entity is 	ation (KRS 271B) nonpr st (KRS 386). Imited ership (KRS 362). Itd coc (KRS 275) cooped and Wayne Enterprises LLC	ofit corporation (KRS 273) I liability company (KRS 275) operative assn. (KRS) rative assn. (KRS)	profess profess statutor unincor	ional service ional limited	corporation (KRS 274) liability company (KRS 275)
(The nar	ne must be identical to the name or	record with the Secretary of Sta	ate.)		······································
3. The name of the entity to be used in	Kentucky is (if applicable):	www.dd. Wit			
 The state or country under whose law The date of organization is June 13 	ville entity is organized is Del	y provide if "real name" is unava aware	ailable for use; of	therwise, leav	ve blank.)
		and the period of duratio	n is		· · · · ·
6. The mailing address of the entity's pr	incipal office is	(If left blank, duration is considered perpetual.)			
326 Evans Ct., Apt. 1 Street Address		Hartford	Kentu	ucky	42347
 The street address of the entity's regi 828 Lane Allen Road, Suite 219 	stered office in Kentucky is	City	State		Zip Code
Street Address (No P.O. Box Numbers)		Lexington	Kentu	ıcky	40504
and the name of the registered agent at t	that office is Cogency Global	City Inc.	State		Zip Code
8. The names and business addresses of Freeman Rains Evans	226 The entity's representatives (see	cretary, officers and directors, i	managers, trust	ees or gener	ral partners):
Name	326 Evans Ct., Apt. 1 Street or P.O. Box	Hartford	Kentu	cky	42347
	Street of P.O. Box	City	State		Zip Code
	Street or P.O. Box	City	State		Zip Code
	Street or P.O. Box	City	State		Zip Code
9. If a professional service corporation, all the individual more states or territories of the United States or Diaton 10. I certify that, as of the date of filing this 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upon The effective date or the delayed effective	s application, the above-named e a limited liability limited partnersh box if manager-managed:	ntity validly exists under the la ip. Check the box if applicabl	ws of the jurisdi e:	iction of its fo	ormation.
Please indicate the Kentucky county in whi County:Ohio County	ch your business operates:				
N	To complete the followin	g, please shade the box complet	tely.		
Please indicate the size of your business: small (Fewer than 50 employees) Large (50 or more employees)	Please indicate whether	any of the following make up m	nore than fifty pe rity Owned	rcent (50%) o	f your business ownership:
Please indicate which of the following best	describes your business				
Agriculture	Services	Construction			
Wholesale Trade Retail Tr Public Administration Transpo XOther	ade Manufacturing rtation, Communications, Electric, G	Financo Incuranas	, Real Estate		
	7. , 0 ,				1
Aneerreur The	eng Grenk Fr	eeman Rains Evans, Manag	ging Member	061	12/2012-
ignature of Authorized Representative Cogency Global, Inc.		Printed Name & Title			13 / 2022
Type/Print Name of Registered Agent		consent to serve as the registe	red agent on be	half of the b	usiness entity.
By: T. Guinaova	Cogency Global	Inc Tracy Giumarra	Assistant Sec		
ignature of Registered Agent	Printed Name	Title			<u>6/13/2022</u>