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Michael G. Adams Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ificate of Authority Ign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for authority to transac	ct business in Kentucky	on behalf of the e	ntily named belov
1. The entity is a: profit corporation business trust limited partnership non-profit lic				sional limited liability company bry trust	
2. The name of the entity is Blue Can (The	name must be identical to	the name on record with the S	ecretary of State.)		***************************************
3. The name of the entity to be used in		(Unly provide if "real name" i	s unavailable for use;	otherwise, leave	blank.)
4. The state or country under whose la	w the entily is organized is_				
5. The date of organization is July 7, 2		and the period of dura	(If left blank, durat	ion la considered	perpetual.)
The mailing address of the entity's p1266 Furnace Brook Parkway, Ste. 300	SPIEMANCHAI BUCKENA AND TOCKNOOTED RETAIN	Quincy	MA	02169	
Street Address		City	State	Zip Code	, , , , , , , , , , , , , , , , , , ,
7. The street address of the entity's reg 828 Lane Allen Road	gistered office in Kentucky i	s Lexington	КҮ	40504	
Street Address (No P.O. Box Number		City		tate	Zip Code
and the name of the registered agent a	t that office is Captlel Corpo	orate Services. Inc.			*
8. The names and business addresses			rs, managers, trustees	or general partners	3):
Stephen F. Vazza	1266 Furnace Brook Parky	vay, Ste. 300 Quincy	MA	02169	
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	
If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	re states or territories of the n.	United States or District of Colum	nbla to render a profess	lonal service descr	han the secretary ibed in the
10. I certify that, as of the date of filing	his application, the above-r	named entity validly exists under th	ne laws of the jurisdictio	n of its formation,	
11. If a limited partnership, it elects to b	e a limited liability limited pa	artnership. Check the box if applic	cable:	*	
12. If a limited liability company, chec	k box if manager-manage	d: 🔳			
13. This application will be effective upo	on filing.				
Stephen F. Vazza		Stephen F. Vazza	Ju	ly 8, 2021	
Signature of Authorized Representative		Printed Name & Title		Date	
I, Capitol Corporate Services, Inc. Type/Print Name of Registered Agent		, consent to serve as the re	egistered agent on beha	If of the business e	antity.
Sadi Romotto	Sac	li Boyette	Assistant Sec	retary J	uly 8, 2021
Signature of Registered Agent		d Name	Title		Date