



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
 Received and Filed:
 4/23/2018 4:17 PM
 Fee Receipt: \$90.00

Division of Business Filings
Business Filings
 PO 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 14A and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is **Marker IOM LLC**

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is **04/17/2018** and the period of duration is _____
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
5001 Rowlette Rd Suite 301

Street Address	Rowlett	TX	75088
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road Ste 219

Street Address (No P.O. Box Numbers)	Lexington	KY	40504
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

and the name of the registered agent at that office is **InCorp Services, Inc.**

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Matthew Wavra	5001 Rowlette Rd Suite 301, Rowlett, TX 75088
<small>Name</small>	<small>Street or P.O. Box City State Zip Code</small>

<small>Name</small>	<small>Street or P.O. Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
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<small>Name</small>	<small>Street or P.O. Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
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9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates:

County: **Jefferson**

To complete the following, please shade the box completely.

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 more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input type="checkbox"/> Other | | | |


 Signature of Authorized Representative

Matthew Wavra, Manager

April 19, 2018

Printed Name & Title

Date

I, **InCorp Services, Inc.**

, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

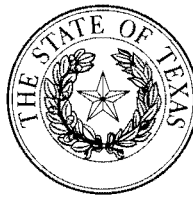

 Signature of Registered Agent

Diane Kalinowski Authorized Representative InCorp Services, Inc. 04/19/2018

Printed Name

Title

Date



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Marker IOM LLC (file number 802991508), a Domestic Limited Liability Company (LLC), was filed in this office on April 17, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 19, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State