

COMMONWEALTH OF KENTUCKY

MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/14/2023 2:50 PM Fee Receipt: \$90.00

Division of Business F P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	ilings			tificate of Authority eign Business Entity)		FBE		
Pursuant to the provisio and, for that purpose, su			d he	reby applies for authority to transact bu	siness in Kentucky o	on behalf of the entity name	d below	
1. The entity is a:	profit corpora	tion		nonprofit corporation	professional li	mited liability company		
	business trust		×	limited liability company	statutory trust	tatutory trust		
	limited partne	rship		Itd cooperative association	public benefit	corporation		
			professional service corporation	other				
2. The name of the enti	ty is PG-Gerald	, LLC			tame of Chota)		<u> </u>	
				to the name on record with the Secre	tary of State.)			
3. The name of the enti	ity to be used in F	Centucky is (if applica	able)	Only provide if "real name" is un	available for use: o	therwise, leave blank.)	<u> </u>	
4. The state or country	under whose law	the entity is organiz	ed is		,-	,		
5. The date of organizat	tion is 04/11/20	23		and the period of duration	is perpetual			
6. The mailing address	of the entity's pri	ncinal office is		(lf left blank, duratio	on is considered perpetua	l.)	
2097 Abby Lane NE		noipar onice is		Atlanta	GA	30345		
Street Address				City	State	Zip Code		
7. The street address o	f the entity's regi	stered office in Kentu	icky	is				
306 W. Main Street,				Frankfort	KY	40601		
Street Address (No P.				City	Sta	te Zip Code		
and the name of the reg	istered agent at t	that office is CTC	orp	bration System			<u> </u>	
8. The names and busi	ness addresses (of the entity's represe	entat	ives (secretary, officers and directors, n	nanagers, trustees of	r general partners):		
Jeff Hilimire		2097 Abby Lane N	ЛE	Atlanta	GA	30345		
Name		Street or P.O. Box		City	State	Zip Code		
Jonathan Morgan		2097 Abby Lane	NE	Atlanta	GA	30345		
Name		Street or P.O. Box		City	State	Zip Code		
Name		Street or P.O. Box		City	State	Zip Code		
	ed in one or more	e states or territories		ders, not less than one half (1/2) of the one United States or District of Columbia				
10. I certify that, as of th	ne date of filing th	is application, the at	ove	named entity validly exists under the la	ws of the jurisdiction	of its formation.		
11. If a limited partnersh	nip, it elects to be	a limited liability limi	ted	partnership. Check the box if applicable	9:			
12. If a limited liability of	company, check	box if manager-ma	nag	ed:				
13. This application will	be effective upor	n filing.						
() the	magan				4/1	4/2023		
/	0	_		Jonathan Morgan, President				
Signature of Authorized F	Representative			Printed Name & Title		Date		
I, $\frac{C T Corporation S}{\text{Type/Print Name of Reg}}$, consent to serve as the regist	ered agent on behalf	of the business entity.		

By: The total	David Westcott	Assistant Secretary	04/14/2023
Signature of Registered Agent	Printed Name	Title	Date

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PG-GERALD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



k, Secretary of State

Authentication: 203142385 Date: 04-14-23

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SR# 20231446556 You may verify this certificate online at corp.delaware.gov/authver.shtml