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L902Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.govCertificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A -- 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:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> other |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | |

2. The name of the entity is Blue Canyon 35 KY GP, 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): Blue Canyon 35 KY GP, LLC

(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 Delaware5. The date of organization is July 7, 2021

and the period of duration is _____

(If left blank, duration is considered perpetual.)

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

1266 Furnace Brook Parkway, Ste. 300

Quincy

MA

02169

Street Address

City

State

Zip Code

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

828 Lane Allen Road

Lexington

KY

40504

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is Capitol Corporate Services, Inc.

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

Stephen F. Vazza

1266 Furnace Brook Parkway, 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

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.

Signature of Authorized Representative
Stephen F. Vazza

Stephen F. Vazza

Printed Name & Title

July 8, 2021

Date

I, Capitol Corporate Services, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered AgentSignature of Registered Agent
Sadi BoyettePrinted Name
Sadi BoyetteTitle
Assistant SecretaryDate
July 8, 2021