

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/10/2023 1:07 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		FBE	
Pursuant to the provisions of KF and, for that purpose, submits the		reby applies for authority to transact b	usiness in Kentucky on be	chalf of the entity named below	
business trust limited		nonprofit corporation limited liability company Itd cooperative association	professional limited liability company statutory trust public benefit corporation other		
		professional service corporation	otner		
2. The name of the entity is Net/	(The name must be identical t	o the name on record with the Secre	etary of State.)		
3 The name of the entity to be	used in Kentucky is (if applicable)				
o. The hame of the chity to be	used in Nemucky is (ii applicable)	(Only provide if "real name" is un	navailable for use; other	wise, leave blank.)	
	hose law the entity is organized is	California			
5. The date of organization is _09	0/19/2000	and the period of duration		agaidared paraetual \	
6. The mailing address of the er	ntity's principal office is		(If left blank, duration is	considered perpetual.)	
1921 Gallows Road, Suites 450, 500 & 600		Vienna	VA	22182	
Street Address		City	State	Zip Code	
7. The street address of the ent 421 West Main Street	ity's registered office in Kentucky	is Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
and the name of the registered a	agent at that office is Corporation S	ervice Company			
		ves (secretary, officers and directors, r	managers, trustees or gen	eral partners):	
Michelle Rudnicki Name	1921 Gallows Road Street or P.O. Box	Vienna City	State	Zip Code	
Mary Jo Dorr	1921 Gallows Road	Vienna	VA	22182	
Name	Street or P.O. Box	City	State	Zip Code	
Rachel Muncey	1921 Gallows Road	Vienna	VA	22182	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporand treasurer are licensed in one statement of purposes of the corporation.	e or more states or territories of th	lers, not less than one half (1/2) of the e United States or District of Columbia	directors, and all of the of to render a professional s	icers other than the secretary ervice described in the	
10. I certify that, as of the date of	f filing this application, the above-	named entity validly exists under the la	ws of the jurisdiction of its	formation.	
11. If a limited partnership, it ele	cts to be a limited liability limited p	artnership. Check the box if applicable	e:		
12. If a limited liability company	, check box if manager-manage	ed: 🔲			
13. This application will be effect	tive upon filing.				
Rachel Muncey (Apr 28, 2023 09:33 EDT)		Rachel Muncey, Secretary	April 27, 2	2023	
Signature of Authorized Represent	tative	Printed Name & Title	7 pin 21, 1	Date	
I, Corporation Service Comp		, consent to serve as the regist	ered agent on behalf of th	e business entity.	

Corporation Service Company Printed Name

**Assistant Secretary** 

Title

05/10/2023

Date

Signature of Registered Agent

Jorge Feliciano-Amezquita