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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/9/2024 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)			
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		reby applies for authority to tr	ansact business in Kentu	ucky on behalf of the entity named below
	st iership icompany, Inc. name must be identical t	nonprofit corporation limited liability company ltd cooperative association professional service corpora o the name on record with	tion tion	onal limited liability company trust enefit corporation
 The name of the entity to be used in The state or country under whose la The date of organization is <u>02/01/192</u> The mailing address of the entity's p 	w the entity is organized is	(Only provide if "real na Massachusetts	f duration is Perpetual	use; otherwise, leave blank.)
9 Progress Road Street Address 7. The street address of the entity's reg		Billerica City s	MA State	01821 Zip Code
828 Lane Allen Road, Suite 219		Lexington	KY	40504
Street Address (No P.O. Box Number	rs)	City		State Zip Code
and the name of the registered agent a	t that office is <u>Registered Ag</u>	ent Solutions, Inc.		
8. The names and business addresses			irectors, managers, truste	ees or general partners):
Debbie L. Dodge, President, CFO, Director	16 Old Fort Road	New Harbor	, g , ME	04554
Name	Street or P.O. Box	City	State	Zip Code
Kristie E. Dodge, VP, Treasurer, Director	19 Pickman Drive	Bedford	MA	01730
Name Kristin Douget, Secretary, Director	Street or P.O. Box 5 Hearthstone Dr.	City	State	Zip Code 01803
Kristin Doucet, Secretary, Director Name	Street or P.O. Box	Burlington City	MA State	Zip Code
Timothy E. Collison,CEO,Director	3536 Eagles Roost Trail	Hudsonville	MI	48426
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio	re states or territories of th			Il of the officers other than the secretary fessional service described in the
10. I certify that, as of the date of filing	this application, the above-	named entity validly exists un	der the laws of the jurisdi	ction of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited p	artnership. Check the box if	applicable:	
12. If a limited liability company, chec	k box if manager-manage	ed:		
13. This application will be effective upo	on filing.			
/s/Debbie L. Dodge		Debbie L. Dodge, Preside		09/09/2024
Signature of Authorized Representative		Printed Name	& Title	Date
I, Registered Agent Solutions, Inc. Type/Print Name of Registered Agent		, consent to serve as	the registered agent on b	ehalf of the business entity.
/s/Brendan Wangel	Brenc	lan Wangel	Asst. Secretary	09/09/2024
Signature of Registered Agent		ed Name	Title	Date