



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

**1261052.06**tsemones  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 2/17/2023 3:09 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate 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: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☒ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is FTI BUYER, L.L.C.  
 (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 Delaware

5. The date of organization is January 13, 2023 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
1133 Connecticut Avenue, N.W., Suite 700 Frankfort KY 40601  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512 Frankfort KY 40601  
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

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

Kenneth Brotman	1133 Connecticut Avenue, N.W., Suite 700	Washington	DC	20036
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Teresa Y. Bernstein	1133 Connecticut Avenue, N.W., Suite 700	Washington	DC	20036
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Masumi Waida	1133 Connecticut Avenue, N.W., Suite 700	Washington	DC	20036
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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.

DocuSigned by:  
Teresa Y. Bernstein Teresa Y. Bernstein, Secretary 2/17/2023  
 Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
 Type/Print Name of Registered Agent

By: Kathryn A. Widdoes Kathryn A. Widdoes Assistant Secretary 02/17/2023  
 Signature of Registered Agent Printed Name Title Date



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

**Division of Business Filings**

P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Statement of Consent of Registered Agent**  
**(Domestic or Foreign Business Entity)**

**CRA**

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☐ a corporation (KRS 271B, KRS 273 or KRS 274)  
☒ a limited liability company (KRS 275)  
☐ a limited partnership (KRS 362)  
☐ a limited liability partnership (KRS 362)  
☐ a business trust (KRS 386)
2. The name of the business entity is FTI BUYER, L.L.C.
3. The state or country of incorporation, organization or formation is Delaware
4. The name of the registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:  
306 W. Main Street, Suite 512 Frankfort KY 40601  
 Street Address (No Post Office Box Number) City State Zip Code
6. 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 effective date is \_\_\_\_\_.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

C T Corporation System

By Kathryn A. Widdoes  
 Signature of Registered Agent

Kathryn A. Widdoes  
 Printed Name

Assistant Secretary  
 Title