

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/10/2023 10:50 AM 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)

(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to trans	act business in Kentuck	y on behalf of the entity named below	
limited partnership Itd cooper		rporation professional limited liability company ty company statutory trust ve association public benefit corporation service corporation other			
2. The name of the entity is Columbia		on record with the	Converte my of Ctota	·	
•	name must be identical to the name	on record with the	Secretary of State.)		
3. The name of the entity to be used in	(Only pr	ovide if "real name"	' is unavailable for use	; otherwise, leave blank.)	
4. The state or country under whose la					
5. The date of organization is 03/23/20	23	_and the period of du		ation is considered perpetual.)	
6. The mailing address of the entity's p	rincipal office is		(ii leit biailk, duia	ition is considered perpetual.)	
700 Louisiana Street, Suite 1300		Houston	TX	77002	
Street Address		City	State	Zip Code	
 The street address of the entity's reg West Main Street 	jistered office in Kentucky is	Frankfort	KY	40601	
Street Address (No P.O. Box Number	rs)	City		State Zip Code	
and the name of the registered agent a	t that office is Corporation Service Co	mpany			
8. The names and business addresses			tors. managers. trustees	s or general partners):	
	·	•	-		
Nathaniel A. Brown Name	700 Louisiana Street, Suite 1300 Street or P.O. Box	Houston City	TX State	77002 Zip Code	
Stanley G. Chapman III	700 Louisiana Street, Suite 1300	Houston	TX	77002	
Name	Street or P.O. Box	City	State	Zip Code	
Tina Faraca Name	700 Louisiana Street, Suite 1300 Street or P.O. Box	Houston City		77002 Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation.	all the individual shareholders, not less are states or territories of the United Sta	s than one half (1/2) o	of the directors, and all o	f the officers other than the secretary	
10. I certify that, as of the date of filing t	this application, the above-named entity	y validly exists under	the laws of the jurisdiction	on of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limited partnership.	Check the box if app	olicable:		
12. If a limited liability company, chec	k box if manager-managed:				
13. This application will be effective upo	on filing.				
Steve Fowler	Steve	Fowler - Corporate	Secretary 0	07/06/2023	
Signature of Authorized Representative		Printed Name & Tit	ile	Date	
I, Corporation Service Company Type/Print Name of Registered Agent	, cor	, consent to serve as the registered agent on behalf of the business entity.			
By: Adam Rough	Corporation Se	ervice Company	Assistant Secretary	07/07/2023	
Signature of Registered Agent	Printed Name	o Joinpany	Title	Date	

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF CODIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.



Final Audit Report 2023-07-06

Created: 2023-07-06 (Central Daylight Time)

By: Mark Mroz (mark_mroz@tcenergy.com)

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