

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/27/2023 11:59 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 (Foreign Busine		Fee Re	eceipt: \$90.00
Pursuant to the provisions of KRS and, for that purpose, submits the f	14A – 030 the undersigned hereby applies foollowing statements:	or authority to transact busine	ss in Kentucky on I	behalf of the entity named belo
1. The entity is a: X profit co	rporation nonprofit cor	poration	professional limite	ed liability company
busines	s trust limited liabilit	y company	statutory trust	, ,
limited r		ve association	public benefit cor	poration
non-pro	· — ·	service corporation	other	'
2. The name of the entity is	'	RW AM Parent Corp.		
2. The name of the entity is	The name must be identical to the name o		of State.)	·
3. The name of the entity to be use		•	,	
5. The hame of the entity to be use	Only pro	vide if "real name" is unava	lable for use; other	erwise, leave blank.)
4. The state or country under whos			laware	
5. The date of organization is	and the period of duration is	per	petual .	
<u> </u>		(If le	ft blank, duration i	is considered perpetual.)
6. The mailing address of the entity		A 41 4 -	0.4	00000
1 Glenlake Pa Street Address	Atlanta City	GA State	30328 Zip Code	
		City	State	Zip Code
7. The street address of the entity's				40504
	len Road Suite 219	Lexington	KY	40504
Street Address (No P.O. Box Nur	nbers)	City	State	Zip Code
and the name of the registered age	Cogency Glo	oal Inc.	·	
8. The names and business addre	sses of the entity's representatives (secretary	, officers and directors, mana	gers, trustees or ge	eneral partners):
Greg Weller	1 Glenlake Parkway NE, Suite 1	l Atlanta	GA	30328
Name	Street or P.O. Box	City	State	Zip Code
Tina Bao	1 Glenlake Parkway NE, Suite	Atlanta	GA	30328
Name	Street or P.O. Box	City	State	Zip Code
Joshua Burnette	1 Glenlake Parkway NE, Suite	Atlanta	GA	30328
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. Josh Burnette

Josh Burnette 12/18/2023 General Counsel and Secretary Signatนีเซีย 6f %นีเนียงที่เรียน Representative Printed Name & Title Date

١,	Cogency Global Inc.	, consent to serve as the registered agent on behalf of the business entity
Type/Print Name of Registered Agent		

Katie Nicholson

Assistant Secretary

11/16/2023

Signature of Registered Agent

Printed Name

Title

Date