

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 **limited liability company**.

2. The name of the entity is

**MIWD MANAGEMENT HOLDCO, LLC**

3. The state or country under whose law the entity is organized is **Pennsylvania**.

4. The date of organization is **12/28/2020** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**2550 Interstate Drive, HARRISBURG, PA 17110**

6. The street address of the entity's registered office in Kentucky is

**306 W MAIN STREET SUITE 512, FRANKFORT, KY 40601**

and the name of the registered agent at that office is **CT Corporaton**.

7. The names and business addresses of the entity's representatives:

<b>Member</b>	JASON KIEFFER	2550 Interstate Drive	HARRISBURG	PA	17110
<b>Manager</b>	Matthew Desoto	2550 Interstate Drive	Harrisburg	PA	17110
<b>Organizer</b>	Matthew Desoto	2550 Interstate Drive	Harrisburg	PA	17110
<b>Member</b>	Joseph Person	2550 Interstate Drive	HARRISBURG	PA	17110

8. This entity is managed by Managers

9. This application will be effective on **Thursday, April 11, 2024**.

As the Authorized Representative, I, **Jason Kieffer**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Snr VP Finance**

I, **JASON KIEFFER**, consent to sign for **CT Corporaton** who serves as the **Registered Agent** on behalf of this Entity.