

**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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Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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

**PRAXIS SIM HOLDINGS, LLC**

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

4. The date of organization is **9/20/2021** and the period of duration is **perpetual**.

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

**212 N. 2nd St. STE 100, Richmond, KY 40475**

6. The name of the initial registered agent is

**Registered Agents Inc**

and the street address of the entity's initial registered office in Kentucky is

**212 N. 2nd St. STE 100, Richmond, KY 40475**

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

**Member** Raymond Rogers 465 E. Galena Street, Butte, MT 59701

8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, February 19, 2025**.

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

Signature of individual signing on behalf of **Authorized Signer:**  
**Robin Jones**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Wednesday, February 19, 2025.