

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

(Foreign Business Entity)

1431563.09

Fee Receipt: \$90.00

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/20/2025 3:30 PM

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS and, for that purpose, submits the	14A – 030 the undersigned hereby app following statements:	lies for authority to transact busine		
business trust limited partnership non-profit llc PLITAYLOR GENERAL CONTRACT		fit corporation liability company perative association ional service corporation TORS, INC.	professional limited liability company statutory trust public benefit corporation other	
2. The name of the entry is	(The name must be identical to the na	ame on record with the Secretary	of State.)	
 The name of the entity to be used. The state or country under who 	sed in Kentucky is (if applicable); (Onlose law the entity is organized is New Y	y provide if "real name" is unava York		therwise, leave blank.)
5. The date of organization is 10/	17/1984	and the period of duration is P	ft blank, duratio	n is considered perpetual.)
6. The mailing address of the entity's principal office is 105 DESPATCH DR.		EAST ROCHESTER	NY	14445-1447 Zip Code
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	KYSta	40601 te Zip Code
Street Address (No P.O. Box No	umbers)	City	-	
and the name of the registered ag 8. The names and business addr	gent at that office is <u>CT Corporation</u> resses of the entity's representatives (se	cretary, officers and directors, man	agers, trustees or	general partners): SEE ATTACHMENT 14445-1447
Robert Key	105 DESPATCH DR.	EAST ROCHESTER	NY	Zip Code
Name	Street or P.O. Box 105 DESPATCH DR.	City EAST ROCHESTER	State NY	14445-1447
Frederick Lehmann Name Karl Schuler	Street or P.O. Box 105 DESPATCH DR.	City EAST ROCHESTER	State NY	Zip Code 14445-1447
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporand treasurer are licensed in one statement of purposes of the corporation.	ration, all the individual shareholders, no cor more states or territories of the Unite poration. filling this application, the above-named	d Clares of District of		

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: ctive upon filing 13. This ap Jar President 2/20/25 consent to serve as the registered agent on behalf of the business entity, CT Corporation System

Type/Print Name of Registered Agent

Christine Kelm, Asst. Secretary

of C T Corporation System

02/19/2025

Signature of Registered Agent

Division of Business Filings

P.O. Box 718

Printed Name

Title

Date

Attachment to Kentucky Officers & Directors

1 Full Name:

Officer/Director:

Business Address:

City:

State:

ZIP Code:

Jayne Penepent

Officer

105 DESPATCH DR.

EAST ROCHESTER

NY

14445-1447