

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 12/5/2022 1:39 PM Fee Receipt: \$90.00

Division of Business Filings	Certificate of Auth	ority		FBE	
P.O. Box 718 Frankfort, KY 40602	(Foreign Business Entity)				
(502) 564-3490		,,			
www.sos.ky.gov					
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,			ereby applies for auth	nority to transact business in Kentucky	
		•			
1. The entity is a : profit corporation (KRS 271B) nonprofit corporation (KRS 273)			professional service corporation (KRS 274)		
business trus		ability company (KRS 275)		l limited liability company (KRS 275)	
limited partnership (KRS 362). Itd cooperative assn. (KRS)				st	
non-profit llc (tive assn. (KRS)	unincorpora	ted association	
2. The name of the entity is NFI Draya	ige, LLC				
(The name	ne must be identical to the name on r	ecord with the Secretary of St	ate.)		
3. The name of the entity to be used in h	(entucky is (if applicable):				
4. The other and other and other than 1	· ·	provide if "real name" is unav	allable for use; otherw	vise, leave blank.)	
4. The state or country under whose law				·	
5. The date of organization isand the period of duration is(If left blank, duration is considered perpetual				n is considered pernetual)	
6. The mailing address of the entity's pri	ncipal office is		(II left blank, duration	is considered perpetual.)	
P.O. Box 96001		Camden	NJ	08101	
Street Address		City	State	Zip Code	
7. The street address of the entity's regis	stered office in Kentucky is				
421 West Main Street	,	Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
and the name of the registered agent at t	that office is Corporation Service	e Company			
The names and business addresses of the names a			, managers, trustees	or general partners):	
Cide on D. Denom	D O D 00004	0	NIT	00404	
	P.O. Box 96001 Street or P.O. Box	Camden City	NJ State	08101 Zip Code	
	P.O. Box 96001	Camden	NJ	08101	
no access (High professions)	Street or P.O. Box	City	State	Zip Code	
Jeffrey S. Brown	P.O. Box 96001	Camden	NJ	08101	
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 the	is application, the above-named er	ntity validly exists under the	laws of the jurisdiction	on 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 The effective date or the delayed effective					
Please indicate the Kentucky county in wh County: Nelson	ich your business operates:				
	To complete the following	g, please shade the box compl	letely.		
Please indicate the size of your business:	Please indicate whether	any of the following make up	more than fifty perce	nt (50%) of your business ownership:	
Small (Fewer than 50 employees) Large (50 or more employees)	Women-Owned		nority Owned		
Please indicate which of the following bes	t describes your business:				
☐ Agriculture ☐ Mining		Construction			
☐Wholesale Trade ☐Retail T	Trade Manufacturing	Finance, Insuran	ce, Real Estate		
Public Administration	ortation, Communications, Electric, G	as, Sanitary Services			
Scott E. Brucker, EVP & General Counsel 11/29/22					
Signature of Authorized Representative					
Corpóration Service Company , consent to serve as the registered agent on behalf of the business entity.					
Type/Print Name of Registered Agent	Den lot Ctool	2000	polatont C	40/00/0000	
By: Standard Signature of Registered Agent	BreJet Steph Printed Name		ssistant Secretary	12/02/2022 Date	
orginature or registered Agent	Frinted Name		ILIG	Date	