

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
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 business entity is a **limited liability company**.
2. The name of the entity is: **CCS INTERVENTION OPERATIONS, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **12/23/2016** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

4321 Collington Road
Bowie, MD 20716

8. Required Representatives

| | | | | | |
|---------------|---------------|----------------------|-------|----|-------|
| Member | Beverly Allen | 4321 Collington Road | Bowie | MD | 20716 |
|---------------|---------------|----------------------|-------|----|-------|

9. Registered Agent/Office

C T Corporation System
306 West Main Street, Suite 512
Frankfort, KY 40601

I, **C T Corporation System**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, December 19, 2022

As the Authorized Representative, I, **Beverly Allen**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**