

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1246368.09

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/9/2022 12:56 PM Fee Receipt: \$90.00

Date

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.qov	Certificate of Authority (Foreign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow	- 030 the undersigned hereby ing statements:	applies for authority to transact be	usiness in Kentucky	on behalf of the entity named below
The entity is a:	non non litt limit prof	approfit corporation ted liability company cooperative association fessional service corporation	statutory trus	imited liability company t
3. The name of the entity to be used in I	Kentucky is (if applicable):	e name on record with the Secre		
4. The state or country under whose lev		Only provide if "real name" is un	navailable for use;	otherwise, leave blank.)
 The state or country under whose law The date of organization is <u>05/06/19</u> 	91	and the period of duration		on is considered perpetual.)
The mailing address of the entity's pri 950 East Paces Ferry Road, NE, Su		Atlanta	GA	30326
Street Address	110 000	City	State	Zip Code
7. The street address of the entity's regi 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers		Frankfort City	KYSt	40601 ate Zip Code
8. The names and business addresses See attached Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation 10. Leadiful that are of the date of file and the corporation.	e states or territories of the Un	ited States or District of Columbia	to render a profession	onal service described in the
I certify that, as of the date of filing the	is application, the above-name	ed entity validly exists under the la	ws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to be	a limited liability limited partner	ership. Check the box if applicable	e: 🗌	
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective uporDocuSigned by:	ı filing.			
tara Baker		Tara Baker, CFO		December 6, 2022
Signature of Authorized Representative 38.	4	Printed Name & Title		Date
I. C T Corporation System, Type/Print Name of Registered Agent C T Corporation System, V:	Sp00 Denise	, consent to serve as the regist	ered agent on behali	f of the business entity. $11/21/2022$

Printed Name

Signature of Registered Agent

Officers and directors: Eptura, Inc.

Officers:

Title:

Address:

Tara Baker

CFO/Treasurer/

Secretary

Director

950 East Paces Ferry Road, NE, Suite 800, Atlanta,

GA 30326

Brandon Holden

CEO/President/

950 East Paces Ferry Road, NE, Suite 800, Atlanta,

GA 30326

Directors:

Name	Title	Address	
Brian Hersman	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	
Tyler Duke	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	
Peter Hernandez	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	
Jim Hagan	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	
Paul Zuber	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	
Arthur John Rohde	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	
Matt Losardo	Director	950 East Paces Ferry Road, NE, Suite 800 Atlanta, GA 30326	