Division of Business Filings

P.O. Box 718 Frankfort, KY 40602



MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

(Foreign Business Entity)

COMMONWEALTH OF KENTUCKY

1275970.06

mmoore ADD

04/18/2023

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

4/19/2023 2:29 PM Fee Receipt: \$90.00

(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisi and, for that purpose, s	ons of KRS 14A – 030 the unders submits the following statements:	gned hereby	applies for authority to transact		on behalf of the entity named below
1. The entity is a:	profit corporation business trust	× limit	profit corporation ted liability company	professional limited liability company statutory trust public benefit corporation	
	limited partnership non-profit llc	prof	cooperative association fessional service corporation	other	
		Jenucai to tri	e name on record with the Sec		
	ntity to be used in Kentucky is (if ap	oplicable):) Janized is DE	Only provide if "real name" is	unavailable for use;	otherwise, leave blank.)
5. The date of organiz		Janizeu is	and the period of durat	ion is (If left blank, durati	on is considered perpetual.)
6. The mailing address	es of the entity's principal office is Parkway, Suite 1400		Atlanta	GA	30339 Zip Code
Street Address			City	State	Zip Code
7. The street address	of the entity's registered office in	Kentucky is	Frankfort	KY	40601
			City		tate Zip Code
Street Address (No	egistered agent at that office is _C	T Corporat	ion System		
and the name of the f	usiness addresses of the entity's re	nresentatives	(secretary, officers and director	s, managers, trustees	or general partners):
8. The names and bu				GA	30339
Sean Fallmann			Ste 1400 Atlanta City	State	Zip Code
Name	Street or P.O.	Box Ridge Pkw	y Ste 140(Atlanta	GA	30339
Kerstin Benden	Street or P.O.		City	State	Zip Code
Name Louis Lettes	2500 Windy	Ridge Pkw	y Ste 140(Atlanta	GA	30339 7 in Code
Name	Street or P.O.		City	State	Zip Code
and treasurer are lice statement of purpose	ensed in one or more states of terr	tones of the c	Silited States of District of		
11. If a limited partne	ership, it elects to be a limited liabil	ity limited par	tnership. Check the box if appli	cable:	
	ty company, check box if manag	er-managed:			
13. This application	will be effective upon filing.			0.00	4/18/2023
for father	8		Louis Lettes, Chief Lega Printed Name & Title	Compliance Offi	Date
Signature of Authoriz	ed Representative				
I, C T Corporatio	n System Registered Agent		, consent to serve as the r	egistered agent on beh	nalf of the business entity.
	orporation System		D.M. I 1.1:	Assistant Secre	tary 04/18/2023
By:	Man Harry	Rya	n P McLaughlin	Title	Date

Signature of Registered Agent